



**MEDICAL CARE POLICY ADMINISTRATION
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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Secretary

**Maryland Medical Assistance Program
Medical Supply And Equipment Transmittal No. 47**

November 19, 1998

Disposable Medical Supplies/Durable Medical Equipment Providers

FROM: Joseph M. Millstone, Director 
Medical Care Policy Administration

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Amendment of Disposable Medical Supplies/Durable Medical Equipment Regulations

The Maryland Medical Assistance Program has amended Regulations .01 and .03-.07 under COMAR 10.09.12 Disposable Medical Supplies and Durable Medical Equipment to implement a new payment methodology to replace the current fee schedule, to change certain preauthorization requirements and to introduce the Program's recycling efforts. The text of the proposed amendments appeared in the Maryland Register (Volume 25, Issue 16), July 31, 1998. The amendments to the Regulations have been adopted as proposed and became effective November 16, 1998.

The approved list of items includes supplemental codes to be used for EPSDT children (through age 20) and Model Waiver recipients. Any piece of equipment costing over \$750.00 requires a written preauthorization except for those in the pediatric section of the approved list.

Identification tags will be provided upon request, by the Program, to be used on the following purchased items:

Adaptive Equipment	Suction Machines
Wheelchairs	Scooters
Hospital Beds	Infusion Pumps
Communication Devices	Respiratory Equipment



The Maryland Medical Assistance Program is always the payer of last resort. Therefore, if a recipient is covered by Medicare or other third-party benefits, the provider must seek payment from those sources first and payment either shall be received or denied before submitting a bill to Medical Assistance for any portion of the claim or any noncovered services.

Questions concerning this transmittal should be directed to the Staff Specialist for Disposable Medical Supplies and Durable Medical Equipment at (410) 767-1474.

JMM:prw
Attachments

Final Action on Regulations

For information concerning Final Action on Regulations, see inside front cover.

Symbol Key

Roman type indicates text already existing at the time of the proposed action. *Italic type* indicates new text added at the time of proposed action. A single underline indicates text added at the time of final action. [Single brackets] indicate deleted text. [[Double brackets]] indicate text deleted at the time of final action.

Computer Printouts Available

Computer printouts of newly adopted regulations are available to the general public and to State agencies from the Maryland Information Retrieval System (MIRS) database. MIRS automatically updates COMAR, integrating new and amended text into existing text, and removing all symbols and obsolete material. State agencies may find MIRS printouts particularly valuable in preparing the next generation of regulation amendments for publication in the *Maryland Register*. For more information, call (410) 974-3500.

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 06 DISEASES

10.06.02 Communicable Diseases — Rabies

Authority: Health-General Article, §§18-312, 18-312 — 18-320, and 18-604.
Annotated Code of Maryland

Notice of Final Action

[98-290-F]

On October 20, 1998, the repeal of Regulations .01 — .14 and new Regulations .01 — .14 under COMAR 10.06.02 Communicable Diseases — Rabies were adopted by the Secretary of Health and Mental Hygiene. This action, which was proposed for adoption in 25:18 Md. R. 848 — 851 (August 12, 1998), has been adopted as proposed.
Effective Date: November 16, 1998.

MARTIN P. WASSERMAN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.12 Disposable Medical Supplies and Durable Medical Equipment

Authority: Health-General Article, §§2-104(b), 15-103, 15-106, and 15-129.
Annotated Code of Maryland

Notice of Final Action

[98-263-F]

On October 22, 1998, amendments to Regulations .01 and .03 — .07 under COMAR 10.09.12 Disposable Medical Supplies and Durable Medical Equipment were adopted by the Secretary of Health and Mental Hygiene. This action, which was proposed for adoption in 25:16 Md. R. 1308 — 1311 (July 31, 1998), has been adopted as proposed.

Effective Date: November 16, 1998.

MARTIN P. WASSERMAN, M.D., J.D.
Secretary of Health and Mental Hygiene

Subtitle 21 MENTAL HYGIENE REGULATIONS

10.21.20 Community Mental Health Program — Outpatient Mental Health Clinics

Authority: Health-General Article, §§10-901 and 10-902.
Annotated Code of Maryland

Notice of Final Action

[98-176-F]

On October 15, 1998, new Regulations .02-1 and .06-1, amendments to Regulations .03 and .05 — .08, repeal of existing Regulation .04 and new Regulation .04 under COMAR 10.21.20 Community Mental Health Programs — Outpatient Mental Health Clinics were adopted by the Secretary of Health and Mental Hygiene. This action, which was proposed for adoption in 25:11 Md. R. 848 — 851 (May 22, 1998), has been adopted with the nonsubstantive changes shown below.

Effective Date: November 16, 1998.

Attorney General's Certification

In accordance with State Government Article §10-113, Annotated Code of Maryland, the Attorney General certifies that the following changes do not differ substantively from the proposed text. The nature of the change and the basis for this conclusion are as follows:

Regulation .04B(1): This section establishes that a screening assessment be completed within 5 working days of receipt of a referral. This amendment clarifies that the 5-day time frame applies to referrals from inpatient facilities and restores the 10-day time frame for other referrals. Thus, the original intent of the regulation is effectuated. There is no significant disadvantage to consumers, and this change could have been anticipated.

.04 Eligibility, Screening, and Admission

A. (proposed text unchanged)

B. Screening Assessment.

(1) [[Within 5 working days of receipt of a referral for OMHC services, an]] An OMHC mental health professional, in collaboration with the individual referred, shall conduct a face-to-face screening assessment to assess the individual's strengths, available resources, and treatment needs, within:

(a) 5 working days of receipt of a referral from an inpatient facility for OMHC services; or

(b) 10 working days of receipt of any other referral for OMHC services.

Subtitle 09 MEDICAL CARE PROGRAMS
10.09.12 Disposable Medical Supplies and Durable Medical Equipment

Authority: Health-General Article, §§2-104(b), 15-103, 15-105, and 15-129.
 Annotated Code of Maryland

Notice of Proposed Action

[98-263-P]

The Secretary of Health and Mental Hygiene proposes to amend Regulations .01 and .03 — .07 under COMAR 10.09.12 Disposable Medical Supplies and Durable Medical Equipment.

Statement of Purpose

These amendments are being proposed to make more efficient the pricing and preauthorization process for medical supplies and equipment by implementing a new payment methodology to replace the current fee schedule.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed regulation.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Opportunity for Public Comment

Comments on the proposed action may be sent to Michele Phinney, Regulations Coordinator, O'Connor Building, Room 521, 201 West Preston Street, Baltimore, Maryland 21201, or fax to (410) 767-6489, or call (410) 767-6499. These comments must be received by August 31, 1998.

.01 Definitions.

A. (text unchanged)

B. Terms Defined.

(1) (text unchanged)

(2) "Disposable medical supplies" means consumable or disposable items with minimal or no potential for re-use which are used to serve a [medical purpose] *medically necessary and medically appropriate purpose*.

(3) "Durable medical equipment" means equipment which satisfies all of the following requirements:

(a) (text unchanged)

(b) It is used to serve a [medical purpose] *medically necessary and medically appropriate purpose*;

(c) (text unchanged)

(4) — (9) (text unchanged)

(10) "Medically appropriate" means an effective service that can be provided taking into consideration the particular circumstances of the recipient and the relative cost of any alternative services which could be used to the same purpose.

(11) "Medically necessary" means directly related to diagnostic, preventive, curative, palliative, or rehabilitative treatment.

[(10)] (12) — [(12)] (14) (text unchanged)

[(13)] (15) "Prescriber" means a physician, dentist, [or] podiatrist, or nurse practitioner licensed in the state in which [his] *the prescriber's* practice is maintained who has examined the recipient and diagnosed the recipient's medical condition.

(16) "Prescriber order" means a document on the prescriber's letterhead or prescription form which details the:

(a) Patient name and Medical Assistance number;

(b) Item needed including the accessories, adaptations, modifications, and attachments considered medically necessary and medically appropriate by the prescriber;

(c) Estimated quantity of the item; and

(d) Length of time of need.

[(14)] (17) — [(17)] (20) (text unchanged)

.03 Conditions for Participation.

To participate in the Program, the provider [shall]:

A. [Meet] *Shall meet* the conditions for participation as set forth in COMAR 10.09.36.03; [and]

B. [Be] *Shall be* prepared to furnish necessary service and repairs to equipment dispensed by the provider[.];

C. *Shall certify residential service agency status as set forth in COMAR 10.07.05 by submitting either a:*

(1) *Copy of the license, or*

(2) *Form supplied by the Department which documents exempt status;*

D. *May not charge the recipient any fee or deposit;*

E. *Shall collect and report as a collection any and all possible rebates or other third-party reimbursement;*

F. *Shall mark durable medical equipment with an identification tag as specified and provided by the Program, noting the tag number on all appropriate delivery tickets; and*

G. *Shall participate in the Program's recycling efforts as set forth in Regulation .07L of this chapter.*

.04 Covered Services.

A. The following medically necessary items are covered when ordered by a prescriber:

[A.] (1) The following disposable medical supplies used in the home [or nursing facility]:

[(1)] (a) Ostomy bags, pouches, seals, discs, adhesives and adhesive removers[.], colostomy belts (except those used primarily for sports)[.], and irrigation tubing, irrigation bags, and cut-off clamps for the care and treatment of an ostomy[.];

[(2)] (b) Noninvasive osteogenesis stimulator including all follow-up care, batteries, repairs, and replacement parts, according to the limitations of Regulation .05E and F not to exceed one stimulator for the same fracture[.];

[B. The following disposable medical supplies used in the home:]

[(1)] (c) Catheters (urinary and suction), sterile catheter trays, leg bags, bed bags, irrigation and connecting tubing, and clamps for conditions of permanent urinary incontinence[.];

[(2)] (d) Incontinency pants and disposable underpads according to the limitations of Regulation .05B[.];

[(3)] (e) Skin Care Kit I-A for spinal cord dysfunction which includes sterile 4 inch x 4 inch 8-ply gauze pads — four dozen, sterile cotton tipped applicators — eight dozen packages of two each, and 1 inch porous surgical tape — four rolls[.];

[(4)] (f) Skin Care Kit I-B for spinal cord dysfunction which includes sterile 4 inch x 4 inch 8-ply gauze pads — five dozen, sterile ABD pads — two and one-half dozen, sterile elastic 2-ply gauze bandage — two and one-half dozen, 4 inch rubber elastic bandages — two, and sterile tongue blades — two and one-half dozen[.];

[(5)] (g) Urinary Incontinence Kit II-A for spinal cord dysfunction which includes condoms — three dozen, 1 inch

lastic adhesive bandage — three rolls, liquid skin cement — one can, and unsterile ⁵/₁₆ inch latex tubing — 3

[6] (h) Urinary Incontinence Kit II-B for spinal cord dysfunction which includes 1 inch elastic adhesive bandage — three rolls, liquid skin cement (4 oz.) — one can, and unsterile catheter extension tubing with connector — four[.];

[7] (i) Urinary Incontinence Kit II-C for spinal cord dysfunction which includes alcohol wipes — three boxes of 100 each, pH testing paper — one roll of 15 ft. and 1 inch clear hypoallergenic tape — three rolls[.];

[8] (j) Bowel Incontinence Kit III-A for spinal cord dysfunction which includes bisocodyl suppositories 10 mg — one box of 50, disposable exam gloves — one box of 100, and lubricating jelly — (5 oz.)[.];

[9] (k) Bowel Incontinence Kit III-B for spinal cord dysfunction which includes disposable exam gloves — one box of 100, and lubricating jelly — (5 oz.)[.];

[10] (l) Diagnostic reagent strips and tablets used in testing for ketones and glucose in urine and glucose in blood and finger sticking devices used in obtaining samples for blood glucose testing according to the limitations of Regulation .05C and D of this chapter[.];

[11] (m) Administration sets for intravenous medication[.];

[12] (n) Administration sets (tubing), filters, Dravon clamps, and injection caps for parenteral feeding[.];

[13] (o) Administration sets (bag and tubing), nasogastric tubes, adapters and feeding syringes for enteral feeding[.];

(p) *Enteral nutritional and supplemental vitamins and mineral products given by nasogastric, jejunostomy, or gastrostomy tube in the home;*

[C.] (2) Durable medical equipment to be used in the recipient's home where the usual and customary charge for purchased equipment is equal to or less than \$40 or where the usual and customary charge for the rental of the equipment is equal to or less than \$10 per month except as listed in Regulation .05[.];

[D.] (3) Repairs to purchased durable medical equipment when preauthorized by the Program[.];

[E.] (4) All disposable medical supplies and durable medical equipment for home kidney dialysis purchased or rented for Medical Assistance recipients [as approved by the Kidney Disease Program.];

[F.] (5) Prosthetic devices which include:

[1] (a) Artificial eyes[.];

[2] (b) Breast prostheses, including surgical brasieres[.]; and

[3] (c) Upper and lower extremity, full and partial, to include stump cover or harnesses where necessary[.];

[G.] (6) Replacement of prostheses once every year for persons under 19 years old and once every 3 years for persons 19 years old or older[.];

[H.] (7) Individually form-fitted support stockings, leg or arm, including all fitting, dispensing, and follow-up care, for recipients for whom these supports are medically indicated, not to exceed two at one time, three times in a 12-month period, for noninstitutionalized individuals.

B. Documentation Required.

(1) *Items in §A of this regulation are covered only when adequate documentation is obtained by the provider and kept on file as part of the permanent business records of the provider. This documentation includes, but is not limited to the:*

(a) *Signed and dated prescriber order;*

(b) *Recertifications of continuous medical need;*

(c) *Delivery ticket signed by the recipient or the recipient's representative where the identification of the person signing and the exact nature of the items delivered is clearly evident on the delivery ticket;*

(d) *Make, model, and serial number of the item; and*

(e) *Cost of the item to the provider.*

(2) *For purchased equipment, the delivery ticket shall note the identification tag number and also include a statement which notifies the recipient that the equipment has been purchased by the State of Maryland and remains the property of the Department of Health and Mental Hygiene.*

(3) *Documentation shall be retained for 6 years at the location where the item was dispensed. If this location is closed, the documentation shall be retained at the location which is most accessible to the Program.*

.05 Limitations.

The Program does not cover:

A. — B. (text unchanged)

C. Blood and urine glucose and urine ketone monitor and monitoring supplies as described in Regulation .04B(1) of this chapter exceeding a 100-day supply or the smallest package available if this amount is exceeded;

D. Blood glucose monitor and monitoring supplies unless the following criteria are met:

(1) — (2) (text unchanged)

E. — F. (text unchanged)

G. Purchase of durable medical equipment when the [usual and customary] purchase price for this equipment exceeds \$40, with the following exceptions:

(1) — (16) (text unchanged)

(17) *Nebulizers and accessories.*

[(17)] (18) — [(29)] (30) (text unchanged)

H. Rental of durable medical equipment when the [usual and customary] rental charge for this equipment exceeds \$10, with the following exceptions:

(1) — (20) (text unchanged)

I. The following durable medical equipment:

(1) — (10) (text unchanged)

(11) *Exercise equipment and devices,*

[(11)] (12) — [(24)] (25) (text unchanged)

J. [Medical] *Disposable medical supplies and durable medical equipment provided in a facility or by a group when reimbursement is covered by another segment of the Program;*

K. (text unchanged)

L. Spinal cord dysfunction supplies exceeding the following:

(1) — (2) (text unchanged)

(3) *One kit as described in Regulation .04B(8) and (9) of this chapter per 3 months[.];*

M. *Nutritional supplements supplied by a DMS/DME provider under this chapter if the provider is also a licensed pharmacy and has a Medicaid Pharmacy provider number;*

N. *Food supplements or infant formulas, including enteral nutritional products and supplemental vitamin and mineral products, when administered orally;*

O. *Purchase of used equipment, except as approved by the Department as per Regulation .07L of this chapter;*

P. *Two or more similar pieces of equipment for the same recipient unless preauthorized;*

Q. *Replacement of equipment while the item is still under warranty or before having met the Department's life expectancy schedule unless preauthorized;*

R. Rental of any equipment not in good working condition for the entire length of rental;

S. Rental of equipment for any period longer than 90 days without renewed documentation of continued medical need from the prescriber for each 90-day period.

.06 Preauthorization Requirements.

A. Preauthorization is required for:

(1) Disposable medical supplies listed in Regulation .04A and B with a [usual and customary] charge exceeding \$300, except as specified in §§A(2) and (3) and B(1) of this regulation;

(2) — (3) (text unchanged)

(4) Durable medical equipment priced on the [current fee schedule] approved list of items as individual consideration (I/C);

(5) [Durable] Disposable medical supplies and durable medical equipment not on the [current fee schedule] approved list of items;

(6) — (7) (text unchanged)

B. Preauthorization is not required for:

(1) — (2) (text unchanged)

(3) Durable medical equipment on the [current fee schedule] approved list of items with both a procedure code and a purchase price [or rental charge] under \$750.

C. (text unchanged)

D. Preauthorization, when required, may be requested verbally for the following covered supplies:

(1) — (4) (text unchanged)

(5) Enteral and parenteral administration feeding supplies;

(6) (text unchanged)

E. [Verbal preauthorization may be requested in emergency situations or to expedite hospital discharge. In both cases, the prescriber must have initiated a written request for preauthorization on the appropriate form, which shall then be transmitted immediately to the Department, with the indication that verbal approval has been received and from whom.] *Preauthorization, when required, may be requested via a facsimile machine only to expedite hospital discharge or in emergency situations approved by the Program. In this case, the facsimile of the completed preauthorization form shall be followed by a written request for preauthorization using the original of the form, which shall be submitted immediately to the Department.*

[F. Preauthorization.

(1) For purchased durable medical equipment and for all medical supplies preauthorization is valid for a maximum of 30 days beginning with the date of issue by the Program and is contingent on the recipient's continued eligibility.

(2) For durable medical equipment that is rented, preauthorization is valid for a period to be determined individually by the Program, and is contingent on the recipient's continued eligibility.

(3) Preauthorization will specify a maximum allowable reimbursement for the item authorized.

(4) Preauthorization will indicate whether durable medical equipment is to be rented or purchased.]

[G.] F. Preauthorization is issued when:

(1) (text unchanged)

(2) The prescriber submits to the Department adequate documentation demonstrating that the service to be preauthorized is *medically necessary* and *medically appropriate* ["Necessary" means directly related to diagnostic, preventive, curative, palliative, or rehabilitative treatment; "appropriate" means an effective service that can be pro-

vided, taking into consideration the particular circumstances of the recipient and the relative cost of any services which could be used to the same purpose].

[H.] G. Preauthorization normally required by the Program is waived when the service is covered and approved by Medicare. However, if the entire or any part of a claim is rejected by Medicare, and the claim is referred to the Program for payment, payment will be made for services covered by the Program only if authorization for those services has been obtained before billing. Non-Medicare claims require preauthorization according to [§§A — G, above] §§A — F of this regulation.

H. *The Department is not responsible for any reimbursement to a provider for any service provided which requires preauthorization unless preauthorization has been granted by the Program.*

.07 Payment Procedures.

A. (text unchanged)

B. [Invoices for disposable medical supplies and durable medical equipment for home kidney dialysis shall be submitted directly to the Kidney Disease Program for review and approval before payment.] *The provider's billed charges to the Program may not exceed the lowest price accepted by the provider from any other payor.*

C. [A provider shall charge the Program his usual and customary charge to the general public for similar items.] *The provider shall give the Program the full advantage of any and all manufacturer's warranty offered on the item.*

D. [Providers shall charge the Program usual and customary charges for prosthetic devices and individually fitted support stockings. This charge] *The Department shall pay providers their charge, subject to §B of this regulation, for prosthetic devices. The payment shall include all fitting, dispensing, and follow-up care.*

E. [Providers shall charge the Program usual and customary charges] *Charges for osteogenesis stimulators [including] shall include all follow-up care, batteries, repairs, and replacement parts within the limitations of Regulation .05E and F, at the following times:*

(1) — (3) (text unchanged)

F. [The fee schedule is contained in the Medical Assistance Provider Fee Manual, dated October 1, 1986, and in amendments contained in Supplements No. 1 — 6, all the provisions of which are incorporated by reference.] *The Department shall reimburse providers for the purchase of covered services except as described in §D of this regulation at the lowest of:*

(1) *The manufacturer's suggested price less 25 percent;*

(2) *The wholesale cost to the provider plus 25 percent for durable medical equipment and the wholesale cost plus 50 percent for disposable medical supplies;*

(3) *The State's current contract bid price to any agency of the State as the result of a procurement process;*

(4) *The reimbursement amount allowed by any other covered service of the program; or*

(5) *The provider's charge.*

G. [The Department shall review purchase prices and rental charges on the current fee schedule every 3 years.] *The Department shall reimburse providers for the rental of covered services at 1/13th of the purchase price as determined in §F of this regulation. The Department reserves the right to prorate the monthly rental amount for daily rentals.*

H. (text unchanged)

I. [The Department shall pay for covered services except as described in §§J and K of this regulation at the lowest of:

(1) The provider's customary charge to the general public;

(2) The Department's fee schedule;

(3) The manufacturer's suggested price.] *The determination to purchase or rent medical equipment shall be based on the prescriber's best faith estimate of length of time the equipment will be needed by the recipient. When the equipment is ordered for:*

(1) 13 or more months, the provider shall charge the Program for a purchase, unless:

(a) There is justification to request a rental rather than a purchase of the item, and a request for preauthorization is submitted to and approved by the Program, and

(b) The request for preauthorization is approved by the Program before the submission of the invoice for the item;

(2) Less than 13 months, the provider shall charge the Program for rental of the item for the duration of the medical necessity except that:

(a) If the equipment is still medically necessary after 12 months of rental, a final thirteenth rental payment shall be made and the equipment is considered purchased by the Program, or

(b) If there is justification to request a purchase rather than a rental of the item, a request for preauthorization shall be submitted to the Program and approved by the Program before the submission of the invoice.

J. [The Department shall pay the cost approved by the Kidney Disease Program for all disposable medical supplies and durable medical equipment for home kidney dialysis purchased or rented for Medical Assistance recipients.] *Every 90 days during the rental term the provider shall obtain recertification from the prescriber and keep in the provider's records a recertification of continuous medical need that the equipment is still medically necessary and appropriate.*

K. [The Department shall pay providers usual and customary charges for prosthetic devices. This fee will include all fitting, dispensing, and follow-up care.] *The Department shall review purchase prices and rental charges at least every 3 years.*

L. [The Program will determine, based upon expected duration of medical need, whether durable medical equipment will be purchased or rented. Once an item has been purchased and paid for in full, and if the Program has contributed in full or in part to the purchase, then title to the equipment shall remain with the Department, and the equipment, after use by the recipient, shall be recovered at the option of the Department.] *Once an item has been purchased in full, and if the Program has contributed in full or in part to the purchase, then title to the equipment shall remain with the Department, and the equipment, after use by the recipient, shall be recovered by the provider. After recovery of the equipment, the provider shall determine the viability of recycling the item and, upon its reissue, bill the Program 75 percent of the Program's original payment.*

M. — N. (text unchanged)

O. The provider may not bill the Department for:

(1) — (3) (text unchanged)

(4) Services which are provided to the general public at no charge[.];

(5) Fitting, dispensing, or follow-up care except as set forth in §D of this regulation.

P. *The methodology in §§F and G of this regulation shall be used to establish a list of approved items with the corresponding procedure code, maximum allowable reimburse-*

ment amount, useful life expectancy, and maximum number allowed. This list shall be made available to the providers for ease of administration of the Program.

Q. *The provider shall ensure that the equipment is in good working condition both throughout the rental of the equipment and at the end of the rental term.*

[P.] R. (text unchanged)

MARTIN P. WASSERMAN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 21 MENTAL HYGIENE REGULATIONS

21.05 Aftercare Plans

Authority: Health-General Article, §§10-709 and 10-809, Annotated Code of Maryland

Notice of Proposed Action

(99-264-P)

The Secretary of Health and Mental Hygiene proposes to adopt Regulations .01 — .04 under a new chapter, COMAR 10.21.05 Aftercare Plans.

Statement of Purpose

The purpose of this action is to outline the requirements for the development, content, and distribution of aftercare plans for individuals who have been confined to a facility for psychiatric treatment. The purpose of an aftercare plan is to assist an individual following discharge or release, to receive appropriate treatment and support so that the individual is able to remain in the community and avoid further hospitalization.

Comparison to Federal Standards

There is a corresponding federal standard to this proposed regulation, but the proposed regulation is not more restrictive or stringent.

Estimate of Economic Impact.

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Opportunity for Public Comment

Comments on the proposed action may be sent to Michele Phinney, Regulatory Coordinator, O'Connor Building, Room 521, 201 West Preston Street, Baltimore, MD 21201, or fax to (410) 333-7687 or call (410) 767-6499. These comments must be received by August 31, 1998. No public hearing has been scheduled.

.01 Scope.

This chapter applies to aftercare plans which are:

A. *Provided to an individual who has been accepted under the provisions of Health-General Article, Title 10, Subtitle 6, Annotated Code of Maryland, in one of the following:*

(1) *Mental Hygiene Administration facility under Health-General Article, §10-406, Annotated Code of Maryland,*

(2) *Private psychiatric inpatient facility,*

(3) *Residential treatment center for children and adolescents or*

Psychiatric unit in an acute care general hospital, and

MARYLAND MEDICAL ASSISTANCE PROGRAM

DISPOSABLE MEDICAL SUPPLIES

AND

DURABLE MEDICAL EQUIPMENT

APPROVED LIST OF ITEMS

MARYLAND MEDICAL ASSISTANCE PROGRAM

**DISPOSABLE MEDICAL SUPPLIES
AND
DURABLE MEDICAL EQUIPMENT**

**APPROVED LIST OF ITEMS
Procedure Codes and Maximum Allowable Prices**

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Notes Pertaining DMS/DME

For certain categories of Medical Supplies and Durable Medical Equipment which are unlisted and/or priced for individual consideration (I/C), the word "specify" is shown indicating that additional information is needed to process preauthorization requests and/or claim forms.

This information usually consists of the following:

Manufacturer name;

Manufacturer product

Number of individual units per packaging unit (for supplies and devices);

Provider usual and customary charge

If this information cannot be obtained, please attach a product sheet identifying each item, manufacturer, distributor, submit other appropriate information which describes the item(s) and identifies contact information. In all these instances, please include addresses and telephone numbers as well.

Your cooperation in providing this information initially will reduce the time to process your request or claim.

**MARYLAND MEDICAL ASSISTANCE PROGRAM
DISPOSABLE MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**

APPROVED LIST OF ITEMS

Key

I/C - Individual Consideration
 NC - Not Covered
 UC - Usual and Customary
 AN - As Needed

Part 1: DISPOSABLE MEDICAL SUPPLIES

**ADMINISTRATION SUPPLIES FOR INTRAVENOUS MEDICATION
AND PARENTAL NUTRITION**

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1030	Injection cap, needleless	\$ 5.00	each	90
X1000	Administration Set for intravenous medication (with filter)	10.70	each	90
X1001	Administration Set for intravenous medication (without filter)	4.55	each	90
X1047	Administration set for ambulatory infusion pump	33.00	each	30
X1049	Central line tray	22.50	each	10
X1002	Filter for intravenous medication administration (when sold separately)	2.45	each	90
X1043	IV extension set	10.50	each	30
X1051	Sharps disposable container, 1 quart capacity	4.28	each	6
X1052	Sharps disposable container, 5 quart capacity	5.93	each	6
X1053	Sharps disposable container, 8 quart capacity	8.99	each	6
X1044	Infusion Bag, disposable, for mechanical driver	5.93	each	90
X1045	Infusion Bag, multi-use for mechanical driver	7.45	each	90
X1054	Syringe only, 0.5ml or 1ml	.20	each	100
X1055	Syringe with needle, 0.5ml or 1ml	.31	each	100
X1056	Syringe only, 3ml	.16	each	100

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1057	Syringe with needle, 3ml	\$.23	each	100
X1058	Syringe only, 5ml	.26	each	100
X1059	Syringe with needle 5ml	.39	each	100
X1060	Syringe only, 6ml	.29	each	100
X1061	Syringe with needle, 6ml	.44	each	100
X1062	Syringe only, 10ml	.28	each	100
X1063	Syringe with needle, 10ml	.41	each	100
X1064	Syringe only, 12ml	.31	each	100
X1065	Syringe with needle, 12ml	.46	each	100
X1066	Syringe, 20ml	.76	each	100
X1067	Syringe, 30ml - 35ml	1.15	each	25
X1079	Unlisted Administration Supplies for intravenous medication	I/C		
X1003	Administration Set for parenteral feeding (with filter)	11.90	each	90
X1004	Administration Set for parenteral feeding (without filter)	8.85	each	90
X1005	Filter for parenteral feeding (when sold separately)	3.15	each	90
X1006	Dravon Clamp for use with parenteral feeding	8.00	each	2
X1007	Injection Caps for use with parenteral feeding	2.50	each	30
X1019	Unlisted Administration supplies for parenteral nutrition (specify)	I/C		

ADMINISTRATION SUPPLIES FOR ENTERAL NUTRITION ONLY

X1011	Adapters for enteral feeding	1.10	each	100
X1012	Syringe for enteral feeding - 50-60ml	2.50	each	100
X1014	Syringe for enteral feeding - 20ml	.67	each	100
X1015	Syringe for enteral feeding - 10ml	.26	each	100
X1016	Syringe for enteral feeding - 5ml	.26	each	100
X1017	Syringe for enteral feeding - 3ml	.16	each	100
X1069	Syringe for enteral feeding - 0.5 or 1ml	.20	each	100
X1070	Syringe for enteral feeding - 6ml	.29	each	100
X1071	Syringe for enteral feeding - 12ml	.31	each	100
X1072	Syringe for enteral feeding - 30ml - 35ml	1.15	each	25

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1018	Tubing for enteral feeding pediatric	\$ 3.00	each	90
X1020	Tubing for enteral feeding adult	6.30	each	90
B4081	Nasogastric tubing	46.50	each bx/50	15
X1021	Administration Set for enteral feeding	5.30	each	90
X1022	Administration Set for enteral feeding with 500/600ml. bag or container	7.85	each	90
X1023	Administration Set for enteral feeding with 1000ml. bag or container	11.20	each	30
X1024	Administration Set for enteral feeding with 1200ml. bag or container	11.45	each	30
X1025	Administration Set for enteral feeding with 1400ml. (and above) bag or container	11.80	each	30
X1026	Container or Bag for enteral feeding - 500/600ml.	5.75	each	90
X1027	Container or Bag for enteral feeding 1000/1200ml	6.25	each	90
X1028	Container or Bag for enteral feeding - 1400ml and above	7.25	each	90
X1046	Adapter, pediatric	5.00	each	90
X1031	Administration Set, with filter - pediatric	14.00	each	90
X1032	Administration Set for ambulatory infusion pump	33.00	each	50
X1034	Extension Set, standard	2.09	each	90
X1035	Extension Set, with port(s)	5.40	each	90
X1036	Extension Set or bolus feeding replacement, "MIC-Key" type	11.50	each	50
X1038	Gastrostomy Feeding Tube, 5cc and 20cc balloon, "MIC-Key" type, all sizes	44.78	each	6
X1037	Gastrostomy Feeding Kit, Skin Level, "MIC-Key" type, all sizes	132.00	each	4
X1040	Gastrostomy Feeding Device System, "Button" type, sterile, complete	194.00	each	
X1042	Feeding Tube for Gastrostomy Device "Button" type, replacement, all sizes	10.50	each	90
X1041	Decompression Tube for Gastrostomy Devices "Button" type, replacement, all sizes	13.13	each	60

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1796	Sharps Disposable Container, 1 quart capacity	\$ 4.28	each	6
X1797	Sharps Disposable Container, 5 quart capacity	5.93	each	6
X1798	Sharps Disposable Container, 8 quart capacity	8.99	each	6
X1029	Unlisted administration supplies for enteral nutrition (specify)	I/C		
X1080	Nutritional Supplements	I/C		

(NOTE: Covered I.V. and Nutrition Infusion Pumps are listed under Durable Medical Equipment)

DIABETIC MONITORING SUPPLIES

URINE GLUCOSE MONITORING SUPPLIES

X1210	Reagent Tablets	4.74	36's	4
X1211	Reagent Tablets	10.88	100's	2
X1212	Reagent Strips	6.60	50's	4
X1213	Reagent Strips	9.60	100's	2
X1214	Reagent Tape	9.67	100 tests	2
X1299	Unlisted Urine Glucose Reagent Strips, Tablets or Tape (specify)	I/C		

URINE KETONE MONITORING SUPPLIES

X1320	Reagent Strips	8.26	50's	4
X1321	Reagent Strips	13.62	100's	2
X1399	Unlisted Urine Ketone Reagent Strips or Tablets (specify)	I/C		

URINE GLUCOSE AND KETONE MONITORING SUPPLIES

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1420	Reagent Strips	\$ 9.76	50's	5
X1421	Reagent Strips	17.09	100's	4
X1499	Unlisted Urine Glucose and Ketone Reagent Strips (specify)	I/C		

BLOOD GLUCOSE MONITORING SUPPLIES

X1510	Reagent or Test Strips	23.81	25's	2
X1511	Reagent or Test Strips	44.39	50's	4
X1512	Reagent or Test Strips	76.40	100's	2
X1599	Unlisted Blood Glucose and Ketone Reagent Strips (specify)			

(NOTE: Home Blood Glucose Monitor is listed under Durable Medical Equipment)

FINGER STICKING AIDS

X1610	Device	19.41	each	1
X1611	Lancets	10.51	100's	2
X1612	Lancets	13.55	200's	1
X1613	Platforms	22.47	200's	
X1699	Unlisted Finger Sticking Aids (specify)			

OSTOMY AND PERMANENT URINARY INCONTINENCE SUPPLIES

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
A4364	Adhesive for Ostomy or Catheter, Liquid, Cement, Powder or Paste, any composition	\$ 4.00	per ounce	10
X4666	Adhesive Paste, with skin barrier, 2oz	6.72	per ounce	10
A5126	Adhesive, Disc or Foam Pad	7.18	Pkg of 10	4
A4455	Adhesive Remover or Solvent	2.00	per ounce	10
X4600	Ostomy Adhesive Remover, wipes	12.50	box of 50	2
X4601	External Catheter	1.64	each	100
X4602	External Catheter, male, reusable	6.76	each	30
A4347	Male External Catheter, with or without adhesive with or without anti-reflux device	19.68	dozen	8
X4603	Foley Catheter, 2-way, latex	4.34	each	36
X4604	Foley Catheter, 2-way, silicone-coated	6.25	each	36
A4338	Indwelling Catheter, Foley type, 2-way latex with coating (Teflon, silicone, elastomer, etc.)	8.85	each	30
A4345	Indwelling Catheter, Foley type, 2-way, all silicone	11.30	each	30
X4605	Foley Catheter, 2 way, silicone with elastomer coating	12.05	each	30
A4346	Indwelling Catheter, Foley type, 3-way, for continuous irritation	18.44	each	30
X4606	Intermittent Catheter, male/female	1.92	each	100
X4607	Catheter, red rubber	1.91	each	60
X4608	Catheter, red rubber, Tieman type	4.68	each	36
X4609	Self-Catheter, female	.65	each	100
X4610	Self-Catheter, long, male/female	1.20	each	100
X4611	Self-Catheter, pediatric/adolescent	.90	each	100
X4612	Urethral Catheter, all purpose, rubber, disposable	.83	each	100
X4613	Urethral Catheter, plastic	1.82	each	100
X4614	Utility Catheter, Robinson/Nelaton type	1.46	each	100
X4615	Catheter Care Tray	5.81	each	90
X4616	Catheter Clamp	1.00	each	5
X4617	Connective Tubing, external catheter	2.19	each	30
X4618	Catheter Extension Tubing	1.46	each	20

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X4619	Drain/Tube Attachment Device	\$ 7.30	each	10
X4620	Ileal Bladder Appliance	42.45	each	5
X4663	"Duoderm" Dressing (4 x 4s), ostomy only	37.15	box of 5	5
X4621	Mounting Ring for ileostomy appliance, white vinyl flexible	13.73	each	15
X4622	Incontinency Pants, disposable (requires preauth)	.76	each	400
X4623	Incontinency Pants, incontinency supply service (requires preauth)	.59	each	400
A4354	Insertion Tray with Drainage Bag without catheter	7.74	each	30
X4624	Insertion Tray with Drainage with catheter	9.04	each	30
A4399	Ostomy Irrigation Supply, Cone/Catheter, including brush	1.25	each	30
X4625	Irrigation Drain with flange, 2-piece ostomy system	4.04	each	4
A4400	Ostomy Irrigation Set	60.00	each	5
A4397	Irrigation Supply, Sleeve	5.00	each	40
A4322	Irrigation Syringe, bulb or piston	1.40	each	25
A4320	Irrigation Tray for bladder irrigation with bulb/piston syringe	4.81	each	15
A4355	Irrigation Tubing Set, for continuous bladder irrigation through a 3-way indwelling Foley catheter	4.84	each	30
A4367	Ostomy Belt	9.50	each	2
A5093	Ostomy Accessory, Convex Insert	2.25	each	20
A4626	Ostomy Drainable Pouch Clamp	1.68	each	20
A4361	Ostomy Face Plate	19.25	each	5
X4627	Ostomy Gasket	8.85	pkg of 10	10
A4404	Ostomy Ring	2.25	each	30
X4628	Ostomy Tape, 1" roll	1.73	each	5
X4629	Ostomy Tape 2" roll	4.50	each	5
A4454	Tape, all types, all sizes (Ostomy other than above) (specify)	I/C		
X4664	Ostomy Wafer with flange	34.90	box of 5	5
A5051	Pouch, Closed, with barrier (1 piece)	3.00	each	30
A5052	Pouch, Closed, without barrier attached (1 piece) (disposable)	2.09	each	100
A5054	Pouch, Closed (2 piece)	1.60	each	100

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
A5073	Pouch, urinary (2 piece)	\$ 3.40	each	100
X4667	Pouch, mini (2 piece)	1.50	each	100
A5062	Pouch, Drainable, without barrier attached (1 piece) (reusable)	2.76	each	100
X4665	Pouch, Drainable system, with barrier (1 piece)	4..62	each	100
A5063	Pouch, Drainable for use on barrier with flange (2 piece system)	2.50	each	100
A5071	Pouch, urinary with barrier (1 piece)	5.00	each	100
X4631	Protective Dressing, spray-on	1.88	per ounce	10
X4632	Protective Dressing, wipes	10.00	box of 50	2
X4633	Protective Powder, 1oz.	8.50	each	15
X4634	Karaya Powder, 1oz.	3.50	ounce	4
X4635	Karaya Gum Powder, 12 oz.	11.10	each	3
A4363	Skin Barrier, Liquid (spray, brush, etc.)	6.00	per ounce	10
A4362	Skin Barrier, Solid, 4 x 4 or equivalent	3.75	each	60
A5121	Skin Barrier, Solid, 6 x 6 or equivalent	8.25	each	60
A5122	Skin Barrier, 8 x 8 or equivalent	15.00	each	36
A5123	Skin Barrier with flange (solid flexible or accordion), any size	7.00	each	100
A5055	Stoma Cap	2.75	each	100
X4636	Stoma Mini Pouch, closed	.98	each	100
X4637	Tincture of Benzoin, spray	1.95	each	10
X4638	Extension/Connective Tubing - to connect leg bag to external or Foley catheter, plastic, sterile	5.77	each	15
X4639	Extension/Connective Tubing - to connect bag to McGuire urinal series, latex, non-sterile	7.78	each	15
A4554	Underpads disposable, all sizes (requires preauth)	.40	each	300
X4640	Urinary Diversion Pouch, with anti-reflux valve and night drain adapter	6.50	each	20
A4357	Bedside Drainage Bag, day or night, with or without anti-reflux device, with or without tube (urinary)	10.00	each	36
A4358	Urinary Leg Bag, vinyl, with or without tube	5.25	each	36

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X4641	Leg Bag Extension Tube	\$ 2.44	each	36
X4642	Leg Bag Straps	4.58	each	15
X4643	Urostomy Appliance System, all sizes	31.15	each	2
X4644	Urostomy Drain Tube	4.23	each	100
X4645	Urostomy Pouch	4.00	each	100
A4335	Incontinence Supply, Miscellaneous (specify)	I/C		
A4421	Ostomy Supply, Miscellaneous (specify)			
X5799	Unlisted catheters/accessories (specify)			

(NOTE: Reuseable incontinence pads and pants are listed under miscellaneous DME)

SPINAL CORD DYSFUNCTION CARE SUPPLY KITS

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1100	Skin Care Kit I-A 4" x 4" sterile 8-ply gauze pads - 4 dozen Sterile cotton tipped applicators - 8 dozen packages of 2 each 1" porous surgical tape - 4 rolls	\$ 17.70	1 kit every 2 weeks	6
X1101	Skin Care Kit I-B 4" x 4" sterile 8-ply - gauze pads - 2½ dozen Sterile elastic 2-ply gauze bandages - 2½ dozen 4" rubber elastic bandages - 1 Sterile tongue blades - 2½ dozen	49.90	1 kit every 2 weeks	6
X1102	Urinary Incontinence Kit II-A Condoms - 3 dozen 1" elastic adhesive bandages - 3 rolls Liquid skin cement - 1 can (4 oz.) 5/16" unsterile latex tubing - 8 feet	19.75	1 kit every month	3
X1103	Urinary Incontinence Kit II-B 1" elastic adhesive bandages - 3 rolls Liquid skin cement 1 can (4 oz.) Unsterile catheter extension tubing with connector - 4	22.90	1 kit every month	3
X1104	Urinary Incontinence Kit II-C Alcohol wipes 3 boxes of 100 each pH testing paper - 1 roll of 15 feet 1" clear hypo allergenic tape - 3 rolls	16.65	1 kit every month	3
X1105	Bowel Incontinence Kit III-A Bisocodyl suppositories 10mg – 1 box of 50 Disposable exam gloves - 1 box of 100 Lubricating jelly (5 oz.)	15.60	1 kit every 3 months	1
X1106	Bowel Incontinence Kit III-B Disposable exam gloves - 1 box of 100 lubricating jelly (5 oz.)	9.90	1 kit every 3 months	1

BURN GARMENTS

NOTE: Charges for burn garments shall include all fitting, dispensing, and follow-up care.

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1950	Interdigital Web Spacer -- to be worn over glove	\$ 44.75	each	4
X1951	Mitten	41.00	each	4
X1952	Gauntlet -- metacarpals to wrist	17.75	each	4
X1953	Glove to Wrist	58.75	each	4
X1954	Glove to Elbow	62.50	each	4
X1955	Forearm Sleeve -- wrist to elbow	33.50	each	4
X1956	Forearm Sleeve & Gauntlet -- metacarpals to elbow	46.75	each	4
X1957	Arm Sleeve -- wrist to axilla	37.75	each	4
X1958	Arm Sleeve & Gauntlet -- metacarpals to axilla	52.50	each	4
X1959	Arm Sleeve & Shoulder Flap	49.25	each	4
X1960	Arm Sleeve, Gauntlet & Shoulder Flap	62.75	each	4
X1961	Stump Sleeve -- closed end to axilla	55.00	each	4
X1962	Stump Sleeve & Shoulder Flap	55.00	each	4
X1963	Face Mask	88.00	each	2
X1964	Face Mask, Open Face	88.00	each	2
X1965	Modified Chin Strap	54.50	each	2
X1966	Chin Strap	45.25	each	2
X1967	Chin Extension Collar	45.25	each	2
X1968	Sleeveless Vest	118.50	each	2
X1969	Vest with Sleeves	145.75	each	2
X1970	Sleeveless Body Brief	134.50	each	2
X1971	Body Brief with Sleeves	200.00	each	2
X1972	Sleeveless Body Suit (to distal measurement (above knee)	184.00	each	2
X1973	Body Suit with Sleeves	221.75	each	2
X1974	Panty Girdle, closed pubis	76.50	each	2
X1975	Panty Girdle, open pubis	76.50	each	2
X1977	Foot Glove	77.50	each	2
X1978	Foot Glove to Knee	103.75	each	2
X1979	Anklet	34.50	each	2
X1980	Knee Length	39.75	each	2
X1981	Thigh Length	49.25	each	2
X1982	Waist Height, Two Legs, closed pubis	138.50	each	2

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1983	Waist Height, Two Legs, open pubis	\$ 138.50	each	2
X1984	Waist Height, One Leg open pubis	110.25	each	2
X1985	Waist Height, One Leg, panty, open pubis	125.00	each	2
X1986	Waist Height, One Leg, panty, closed pubis	125.00	each	2
X1987	Waist Height, One Leg, brief	125.00	each	2
X1988	Pregnancy, Two Legs	138.50	each	2
X1989	Stump Support -- above knee	74.50	each	2
X1990	Stump Support -- below knee	62.50	each	2
X1991	Waist Height, One Leg, plus stump	138.50	each	2
X1992	Waist Height, One Leg, plus stump, open pubis	138.50	each	2
X1993	Waist Height, One Stump	110.25	each	2
X1994	Waist Height, Two Stumps	138.50	each	2
X1995	Chap Style, One Leg	126.00	each	2
X1996	Chap Style, Two Leg	155.00	each	2
X1998	Fitting Fee	17.75	one time	1
			per year	
X1999	Unlisted Burn Garments, Accessories, Modifications (specify)	I/C		

SUPPORT STOCKINGS, INDIVIDUALLY FORM-FITTED

NOTE: Charges for individually form-fitted support stockings shall include all fitting, dispensing, and follow-up care.

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1901	Mitten	\$ 52.00	each	4
X1902	Gauntlet -- metacarpals to wrist	34.00	each	4
X1903	Glove to Wrist	78.50	each	4
X1904	Glove to Elbow	111.50	each	4
X1905	Forearm Sleeve -- wrist to elbow	40.50	each	4
X1906	Forearm Sleeve & Gauntlet -- metacarpals to elbow	56.25	each	4
X1907	Arm Sleeve -- wrist to axilla	45.75	each	4
X1908	Arm Sleeve & Gauntlet -- metacarpals to axilla	80.00	each	4
X1909	Arm Sleeve & Shoulder Flap	60.75	each	4
X1910	Arm Sleeve, Gauntlet & Shoulder Flap	77.25	each	4
X1911	Stump Sleeve -- closed end to axilla	57.00	each	4
X1912	Stump Sleeve & Shoulder Flap	64.25	each	4
X1913	Foot Glove	107.50	each	4
X1929	Foot Glove to Knee	135.50	each	4
X1914	Anklet	41.25	each	4
X1915	Knee Length	48.00	each	4
X1916	Thigh Length	59.50	each	4
X1917	Waist Height, Two Legs, closed pubis	171.75	each	2
X1918	Waist Height, Two Legs, open pubis	171.75	each	2
X1919	Waist Height, One Leg, open pubis	136.00	each	2
X1920	Waist Height, One Leg, panty, open pubis	153.75	each	2
X1921	Waist Height, One Leg, panty, closed pubis	153.75	each	2
X1930	Waist Height, One Leg, brief	153.75	each	2
X1922	Maternity, Two Legs	171.75	each	2
X1923	Stump Support -- above knee	104.75	each	4
X1924	Stump Support -- below knee	91.75	each	4
X1925	Waist Height, One Leg, plus stump	171.75	each	2
X1926	Waist Height, One Leg, plus stump, open pubis	171.75	each	2
X1927	Waist Height, One Stump	132.50	each	2

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1928	Waist Height, Two Stumps	\$ 176.00	each	2
X1931	Chap Style, Two Legs	182.25	each	2
X1932	Chap Style, One Leg	147.50	each	2
X1938	Fitting Fee	17.75	one time	1
X1939	Accessories/Modifications for leg or arm (specify)	I/C	per year	

OSTEOGENESIS STIMULATOR

NOTE: Charges for the osteogenesis stimulator shall include all follow-up care, batteries, repairs and replacement parts (with pre-auth required)

E0747	Osteogenesis Stimulator - Initial	686.66		
X1801	Osteogenesis Stimulator - First Evaluation (after six weeks)	686.66		
X1802	Osteogenesis Stimulator - Second Evaluation (after three weeks)	686.66		

SUCTION SUPPLIES

X9150	Suction collection container, disposable standard	7.50	each	10
X9149	Suction collection container, disposable large capacity	12.00	each	10
X9055	Suction catheter	2.00	each	100
X9151	Suction connecting tubing 6 feet	2.50	each	10
X9153	Suction connecting tubing 9 feet	2.60	each	10
X9155	Suction connecting tubing 12 feet	4.45	each	10
X9158	Suction connecting tubing 100 feet, roll	45.50	roll	6

Part II., DURABLE MEDICAL EQUIPMENT

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Rental Charge</u>	<u>Maximum Units per Service</u>
<u>Apnea Monitors and Accessories</u>					
Standard Monitor, electric/ battery (AC/DC): daily rental infant	NC	\$ NC	X8361	\$ 7.45/day	29
Standard Monitor, electric/ battery (AC/DC): monthly rental	NC	NC	X8362	224.00/mo.	1
Monitor with memory daily rental	NC	NC	X8354	12.00/day	29
Monitor with memory monthly rental	NC	NC	X8364	350.00/mo.	1
Recorder, daily rental	NC	NC	X8351	17.70/day	29
<u>Accessories:</u>					
Belt	X9352	10.80		NC	4
Belt Kit I (with cable)	X9358	72.80		NC	1
Belt Kit II (without cable)	X9359	52.00		NC	1
Disposable Red Dot Electrodes, 25/bag (or equivalent)	X9354	17.50		NC	6
Lead Wires - Straight End	X9355	9.25		NC	2
Lead Wires - Clip End	X9356	12.50		NC	3
Patient Cable	X9357	44.10		NC	1
Patient Cables for portable infant monitor	X9363	I/C		NC	
Cardio-Trace Electrodes, 30/package (or equivalent)	X9364	17.50		NC	4
Unlisted Apnea Monitors/ Accessories (specify)	X9369	I/C		X8369	I/C

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
<u>Beds Hospital</u>					
Hospital Bed, fixed height, without mattress, without side rails	X9100	\$ 502.00	X8100	\$ 38.61	10 years
Hospital Bed, fixed height, with mattress, without side rails	E0252	577.00	X8101	44.38	10 years
Hospital Bed, fixed height, with side rails, with mattress	E0250	748.00	X8081	57.54	10 years
Hospital Bed, fixed height, with side rails, without mattress	E0251	673.00	X8082	51.77	10 years
Hospital Bed, variable height, hi-lo, without mattress, without side rails	X9102	800.00	X8102	61.54	10 years
Hospital Bed, variable height, hi-lo, with mattress, without side rails	X9103	940.00	X8103	72.30	10 years
Hospital Bed, variable height, hi-lo, with side rails, with mattress	E0255	1,257.00	X8083	96.69	10 years
Hospital Bed, variable height, hi-lo, with side rails, without mattress	X9104	,117.00	X8104	86.00	10 years
Hospital Bed, semi-electric (head and foot adjustments), without mattress, without side rails	X9105	1,409.00	X8105	108.38	10 years
Hospital Bed, semi-electric (head and foot adjustments), with mattress, without side rails	X9106	1,549.00	X8106	119.15	10 years
Hospital Bed, semi-electric (head and foot adjustments), with mattress, with side rails,	E0260	1699.00	X8079	130.70	10 years
Hospital Bed, semi-electric (head and foot adjustments), with side rails, without mattress	X9107	,559.00	X8107	119.92	10 years
Hospital Bed, total electric (head, foot and height adjustments), without mattress, without side rails	X9108	1,830.00	X8108	140.77	10 years
Hospital Bed, total electric (head, foot and, height adjustments), with mattress, without side rails	X9109	,970.00	X8109	151.53	10 years

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Hospital Bed, total electric (head, foot and height adjustments), with mattress, with side rails	E0265	\$2,190.00	X8080	\$168.46	10 years
Hospital Bed, total electric (head, foot and height adjustments), without mattress, with side rails	E0266	2,050.00	X8084	157.69	10 years

Accessories

Mattress, innerspring	E0271	194.00	X8085	14.92	2 years
Mattress, foam rubber	E0272	127.00	X8403	9.76	2 years
Mattress, eggcrate type	X9230	27.00	NC	NC	2 years
Mattress, water, for home or hospital bed	X9231	65.00	NC	NC	2 years
Bed Side Rails, half length	E0305	158.00	X8404	12.15	10 years
Bed Side Rails, full length	E0310	184.00	X8405	14.15	10 years
Unlisted Hospital Beds/ Accessories (specify)	X9119	I/C	X8119	I/C	

Blood Glucose Monitoring Equipment

Home Blood Glucose Monitor	E0607	125.00	NC	NC	3 years
Home Blood Glucose Monitor with special features	E0609	I/C	NC	NC	3 years
Battery, Replacement	X9301	3.25	NC	NC	AN

Braces & Supports

Support, back, lumbo-sacral	X9330	110.00	NC	NC	1 year
Support, back, lumbo-sacral, heat molded	X9370	135.00	NC	NC	1 year
Support, dorsal lumbar	X9331	150.00	NC	NC	1 year
Support, Bennett, full	X9335	630.00	NC	NC	3 years
Support, Bennett, modified	X9336	300.00	NC	NC	3 years
Support, chair back/Knight spinal (including molded type)	X9333	250.00	NC	NC	3 years
Support, hyperextension, Jewett	X9332	225.00	NC	NC	1 year
Support, neck brace, 2-poster	X9337	220.00	NC	NC	1 year
Support, neck brace, 4-poster	X9320	230.00	NC	NC	1 year

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Support, Taylor-Knight	X9334	\$ 295.00	NC	NC	1 year
Wilmington brace, without mold	X9329	495.00	NC	NC	1 year
Wilmington brace, with mold	X9343	650.00	NC	NC	1 year
Milwaukee brace, unlined	X9344	895.00	NC	NC	1 year
Milwaukee brace, lined	X9345	955.00	NC	NC	1 year
Boston brace, unlined	X9346	625.00	NC	NC	1 year
New Boston brace, lined	X9347	800.00	NC	NC	1 year
New Boston brace, lined with thoracic and lumbar control/pads	X9348	875.00	NC	NC	1 year
New Boston brace, lined with welded struts, front and back	X9375	900.00	NC	NC	1 year
Boston jacket with "cow horns"	X9371	995.00	NC	NC	1 year
TLSO body jacket, lined	X9349	780.00	NC	NC	1 year
TLSO body jacket, lined with controls/pads	X9350	875.00	NC	NC	1 year
TLSO split body jacket "clamshell"/"bi-valve")	X9372	900.00	NC	NC	1 year
Rainey flexion jacket	X9373	725.00	NC	NC	1 year
Hoke corset, rigid, with pads	X9374	140.00	NC	NC	1 year
Unlisted Braces/Supports (specify)	X9379	I/C	NC	NC	I/C
<u>Canes and Crutches</u>					
Cane of all materials, adjustable or fixed, with tip	E0100	18.00	NC	NC	1 year
Cane, quad or three prong; includes canes of all materials, adjustable or fixed, with tips	E0105	45.00	NC	NC	1 year
Cane-Walker	X9120	67.00	NC	NC	1 year
Unlisted cane (specify)	X9122	I/C	NC	NC	NC
Crutch, underarm, wood, adjustable or fixed, with pads, tips, handgrips, each	E0113	20.00	NC	NC	6 months
Crutch, underarm, wood, adjustable or fixed, with pads, tips, handgrips, pair	E0112	39.00	NC	NC	6 months

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Crutch, underarm, other than wood, adjustable or fixed, with pad, tip and handgrip, each	E0116	\$ 29.00	NC	\$ NC	6 months
Crutches, underarm, other than wood adjustable or fixed, with pads, tips and handgrips, pair	E0114	58.00	NC	NC	6 months
Crutch, forearm, of various materials, adjustable or fixed, with tip and handgrips (Canadian or Lofstrand), each	E0111	40.00	NC	NC	6 months
Crutch, forearm, of various materials, adjustable or fixed, with tips and handgrips (Canadian or Lofstrand), pair	E0110	80.00	NC	NC	6 months
Crutches, platform, pair	X9229	155.00	X8229	11.92	6 months
Crutch, platform, single	X9201	80.00	NC	NC	6 months
Unlisted crutches (specify)	X9202	I/C	X8202	I/C	I/C
<u>Commodes</u>					
Commode Chair, stationary, with fixed arms	E0163	85.00	NC	NC	2 years
Commode Chair, stationary, with detachable arms	E0165	167.00	X8228	12.85	2 years
Commode Chair, adjustable, with fixed arms	X9111	90.00	NC	NC	2 years
Commode Chair, adjustable, with detachable arms	X9112	170.00	X8112	13.07	2 years
Commode Chair, adjustable, with attachment for pail or pan	X9113	164.00	X8113	12.62	2 years
Commode Chair, mobile, with fixed arms	E0164	147.00	X8116	11.31	2 years
Commode Chair, mobile, with detachable arms	E0166	225.00	X8117	17.31	2 years
Commode Chair, drop arms	X9225	167.00	X8225	12.85	2 years
Commode Chair, drop arms, with soft seat, and pail or pan	X9114	200.00	X8114	15.38	2 years

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectency</u>
Commode Chair, large/extra wide/heavy duty	X9115	\$ 187.00	X8115	\$ 14.38	2 years
Pail or Pan for use with commode chair	E0167	20.00	NC	NC	1 year
Unlisted commode chair (specify)	X9117	I/C	X8727	I/C	I/C

Enteral and Parenteral Nutrition Equipment

Enteral Nutrition Infusion Pump, with alarm	B9002	750.00	X8005	57.69	10 years
Enteral Nutrition Infusion Pump, pediatric	X9110	1,050.00	X8110	80.76	10 years
Parenteral Nutrition Infusion Pump, stationary (specify)	B9006	1,752.00	X8001	134.77	10 years
Parenteral Nutrition Infusion Pump, portable	B9004	3,790.00	X8015	291.53	10 years
Battery Pack, Replacement IV Pole	X9631 E0776	100.00 105.00	NC X8002	NC 8.00	AN 10 years
Unlisted Nutrition Equipment (specify)	X9139	I/C	X8139	I/C	I/C

Intravenous Medication Equipment

Ambulatory Infusion Pump with administrative equipment, worn by patient (Preauth required)	E0781	3,790.00	X8021	291.54	10 years
Battery Pack for Ambulatory Infusion Pump	X9118	100.00	NC	NC	AN

Nebulizers and Accessories

Aerosol compressor, complete system compressor unit, medication cup, connector fitting, tubing, handheld nebulizer, and mouth piece, face mask, or trachostomy collar or T-tube	X9016	130.00	X8016	10.00	2 years
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<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Aerosol compressor, ultrasonic complete system with ultrasonic aerosol chamber with blower, medication cup, connector fitting, corrugated tubing, and mouth piece, face mask, or tracheostomy collar or T-tube	X9017	\$ 165.00	X8017	\$ 12.69	2 years
Compressor System pneumatic stationary (pulmo-aide, type)	X9725	180.00	X8725	14.00	2 years
Same, portable with battery adapter charge, power cord	X9726	420.00	X8726	33.00	2 years
Nebulizer Replacement kit	X9707	2.25	NC	NC	5 /month
Nebulizer Mask Kit	X9722	4.05	NC	NC	2/month
Administrative Set used with nebulizer	K0171	3.75	NC	NC	5/month
Aerosol Mask used with nebulizer	K0180	6.25	NC	NC	2/ year
Filter, disposable used with nebulizer	K0178	2.00	NC	NC	2/month
Filter, non-disposable used with nebulizer	K0179	2.00	NC	NC	1/month
Unlisted nebulizers/accessories (specify)	X9729	I/C	X8729	I/C	I/C

Prosthetic Devices

NOTE: Charges for prosthetic devices shall include the cost of the device as well as necessary stump covers or harnesses, power sources, and all fitting, dispensing, and follow-up care.
Does not require preauthorization

Artificial Eye:

Prosthetic, eye, glass, stock	V2620	U/C	NC	NC
Prosthetic, eye, plastic, stock	V2621	U/C	NC	NC
Prosthetic, eye, glass, custom	V2622	U/C	NC	NC
Prosthetic, eye, plastic, custom	V2623	U/C	NC	NC
Prosthetic eye, not otherwise classified	V2629	U/C	NC	NC

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Breast Prosthesis (including mastectomy form and 2 mastectomy bras):					
Unilateral	X3100	\$ U/C	NC	NC	
Bilateral	X3101	U/C	NC	NC	
Lower Limb - Partial Foot	X3200	U/C	NC	NC	
Lower Limb - Ankle	X3201	U/C	NC	NC	
Lower Limb - Below Knee	X3202	U/C	NC	NC	
Lower Limb - Knee Disarticulation	X3203	U/C	NC	NC	
Lower Limb - Above Knee	X3204	U/C	NC	NC	
Lower Limb - Hip Disarticulation	X3205	U/C	NC	NC	
Lower Limb - Hemipelvectomy	X3206	U/C	NC	NC	
Lower Limb - Endoskeletal - Below Knee	X3207	U/C	NC	NC	
Lower Limb - Endoskeletal - Knee Disarticulation	X3208	U/C	NC	NC	
Lower Limb - Endoskeletal - Above Knee	X3209	U/C	NC	NC	
Lower Limb - Endoskeletal - Hip Disarticulation	X3210	U/C	NC	NC	
Lower Limb - Endoskeletal Hemipelvectomy Disarticulation	X3211	U/C	NC	NC	
Upper Limb - Partial Hand	X3212	U/C	NC	NC	
Upper Limb - Wrist Disarticulation	X3213	U/C	NC	NC	
Upper Limb - Below Elbow	X3214	U/C	NC	NC	
Upper Limb - Elbow Disarticulation	X3215	U/C	NC	NC	
Upper Limb - Above Elbow	X3216	U/C	NC	NC	
Upper Limb - Shoulder Disarticulation	X3217	U/C	NC	NC	
Upper Limb - Interscapular Thoracic	X3218	U/C	NC	NC	
Upper Limb - Endoskeletal - Below Elbow	X3219	U/C	NC	NC	
Upper Limb - Endoskeletal - Elbow Disarticulation	X3220	U/C	NC	NC	

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Upper Limb - Endoskeletal Above Elbow	X3221	\$ U/C	NC	NC	
Upper Limb - Endoskeletal - Shoulder Disarticulation	X3222	U/C	NC	NC	
Upper Limb - Endoskeletal - Interscapular Thoracic	X3223	U/C	NC	NC	
Repair of Prosthetic Device, hourly rate (specify repair and rate)	L7500	I/C	NC	NC	
Repair Prosthetic Device, Repair Replace Minor Parts (specify)	L7510	I/C	NC	NC	
Unlisted Prosthetic Devices/ Accessories (specify)	X3299	U/C	NC	NC	

Suction Equipment and Accessories

Suction Machine, Stationary	X9050	234.00	X8050	18.00	10 years
Suction Machine, AC/DC (electric/battery)	X9152	780.00	X8152	60.00	10 years
Suction Pump, home model, portable	E0600	600.00	X8153	46.15	10 years
Suction Machine, thermal drainage Intermittent	X9154	1,500.00	X8154	115.38	10 years
Transformer/Rectifier for portable suction machine, home model	X9156	155.00	X8156	11.92	10 years
Suction Device, Yankauer type	X9157	6.32	NC	NC	2/month
Suction Device for airway mucus clearance ("flutter" type)	X9670	140.00	NC	NC	1 year
Unlisted Suction Equipment/ Accessories (specify)	X9159	I/C	X8159	I/C	I/C

TENS (Transcutaneous Electrical Nerve Stimulator)

TENS, two lead, localized stimulation	E0720	515.00	X8310	39.62	1 year
TENS, four lead, larger area/ multiple nerve stimulation	E0730	593.00	X8311	45.62	1 year

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<u>Accessories</u>					
Battery	X9312	\$ 4.15	NC	\$ NC	AN
Battery Pack	X9318	60.00	NC	NC	AN
Gel, tube	X9313	3.10	NC	NC	AN
Tape Patches, pack of 100 (or equivalent)	X9314	10.40	NC	NC	
Lead Wires, set	X9315	16.00	NC	NC	AN
Electrode, disposable, each	X9316	2.00	NC	NC	AN
Electrode, reusable, each	X9317	5.00	NC	NC	AN
Unlisted TENS Equipment/ Accessories (specify)	X9319	I/C	X8319	I/C	AN
<u>Traction Equipment</u>					
Traction, Frame, attached to headboard, simple cervical traction	E0840	30.00	NC	NC	1 year
Traction, complete, Buck	X9325	62.50	X8325	5.00	1 year
Traction, pelvic, complete	X9323	90.00	NC	NC	1 year
Traction Stand, Buck	X9324	40.00	X8324	3.00	1 year
Traction Stand for hospital bed	X9129	43.00	X8129	3.30	1 year
Traction weight, first pound only	X9326	5.00	NC	NC	1 year
Traction weight, each additional pound	X9327	.75	NC	NC	1 year
Weight Bag, water or cloth	X9328	6.00	NC	NC	6 months
Fracture Frame, Bed (specify)	X9123	I/C	X8123	I/C	I/C
Unlisted traction equipment (specify)	X9380	I/C	X8380	I/C	I/C
<u>Walkers</u>					
Walker, rigid (pick up), adjustable or fixed height	E0130	60.00	X8223	4.62	2 years
Walker, folding (pick up), adjustable or fixed height	E0135	79.00	X8227	6.00	2 years
Walker, wheeled, without seat	E0141	103.00	X8226	7.92	2 years

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectency</u>
Walker, standard, without wheels, with wrist platform	X9224	\$ 152.00	X8224	\$ 11.69	2 years
Walker, platform attachment for Walker, adjustable height, with wheels	X9236 X9218	84.00 132.00	X8236 X8218	6.46 10.15	2 years 2 years
Walker, adjustable height and width, with wheels	X9219	185.00	X8219	14.23	2 years
Walker, folding, pediatric	X9690	100.00	NC	NC	2 years
Walker, wheeled, with seat	X9691	100.00	NC	NC	2 years
Walker, wheeled with brakes	X9692	110.00	NC	NC	2 years
Walker, wheeled with seat and brakes	X9693	150.00	NC	NC	2 years
Walker, large/extra wide/heavy duty	X9694	225.00	NC	NC	2 years
Walker, pediatric, standard	X9237	83.00	X8237	6.38	2 years
Walker, pediatric, with wheels	X9238	140.00	X8238	10.76	2 years
Walker, pediatric, posture control with wheels	X9220	211.00	X8220	16.23	2 years
Walker, pediatric, adjustable height and width, with wheels	X9222	275.00	X8222	21.15	2 years
Walkcane or hemi-walker	X9239	67.00	X8239	5.15	2 years
<u>Walker Accessories</u>					
Wheeled foot piece, pair	X9695	33.10	NC	NC	6 months
Wheeled foot piece, swivel, pair	X9696	44.00	NC	NC	6 months
Platform attachment, pediatric only	X9697	106.00	NC	NC	6 months
Seat	X9698	50.00	NC	NC	6 months
Leg Extensions for walker	E0158	36.00	X8240	2.76	6 months
Unlisted walker/accessories (specify)	X9689	I/C	NC	NC	I/C

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
<u>Wheelchairs</u>					
Standard Wheelchair, fixed full length arms, fixed or swing away detachable footrests	E1130	\$ 623.00	X8204	\$ 47.92	5 years
Standard Wheelchair, detachable arms (desk or full length) swing away detachable footrests	E1140	729.00	X8244	56.00	5 years
Standard Wheelchair, fixed full length arms, elevating legrests	E1160	711.00	X8242	54.69	5 years
Standard Wheelchair, detachable arms (desk)or full length, elevating legrests	E1150	819.00	X8203	63.00	5 years
Fully-Reclining Wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	E1060	1,542.00	X8255	118.62	5 years
Fully-Reclining Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	E1070	1,398.00	X8254	107.54	5 years
Lightweight Wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	E1240	1,094.00	X8257	84.15	5 years
Lightweight Wheelchair, fixed full length arms, swing-away detachable footrests	E1250	849.00	X8407	65.30	5 years
Lightweight Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	E1260	950.00	X8256	73.00	5 years
Lightweight Wheelchair, fixed full length arms, swing-away detachable elevating legrests	E1270	983.00	X8408	75.62	5 years
High Strength Lightweight Wheelchair, detachable arms (desk or full length), swing away detachable elevating legrests	E1088	1,304.00	X8060	100.30	5 years

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectency</u>
High Strength Lightweight Wheelchair, detachable arms (desk or full length), swing away detachable footrest	E1090	1,150.00	X8062	88.46	5 years
Wide Heavy Duty Wheelchair, detachable arms (desk or full length), elevating legrests	E1280	1,180.00	X8075	90.76	2 years
Wide Heavy Duty Wheelchair, fixed full length arms, swing away detachable footrest	E1285	915.00	X8076	70.38	2 years
Wide Heavy Duty Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	E1290	1,040.00	X8077	80.00	5 years
Wide Heavy Duty Wheelchair, fixed full length arms, elevating legrests	E1295	1,055.00	X8078	81.15	5 years
Wheelchair, narrow adult: Same as Standard Wheelchairs					
Wheelchair, junior adult: Same as Standard Wheelchairs					
Wheelchair, child's, with adjustable height, removable full or desk length arms, swing-away detachable footrests	X9246	799.00	X8246	61.46	2 years
Wheelchair, child's, with , adjustable height, removable full or desk length arms, swing-away detachable elevating legrests	X9247	852.00	X8247	65.54	2 years
Wheelchair, child's, reclining, with adjustable height, removable full or desk length arms, swing-away detachable footrests	X9248	1,089.00	X8248	83.77	2 years

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Wheelchair, child's reclining, with adjustable height, removable full or desk length arms, swing-away detachable elevating legrests	X9249	\$1,143.00	X8249	\$ 87.92	2 years
Wheelchair, growing: Same as Standard Wheelchairs					
Hemi-Wheelchair, fixed full length arms, swing-away detachable elevating legrests	E1083	839.00	X8410	64.54	5 years
Hemi-Wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	E1084	1,015.00	X8253	78.00	5 years
Hemi-Wheelchair, fixed full length arms, swing-away detachable footrests	E1085	699.00	X8406	53.76	5 years
Hemi-Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	E1086	890.00	X8252	68.46	5 years
Amputee Wheelchair, fixed full length arms, swing-away detachable elevating legrests	E1170	1,030.00	X8414	79.23	5 years
Amputee Wheelchair, fixed full length arms, without footrests or legrests	E1171	735.00	X8068	56.54	5 years
Amputee Wheelchair, detachable arms (desk or full length), without footrests or legrests	E1172	884.00	X8069	68.00	5 years
Amputee Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	E1180	1,015.00	X8070	78.00	5 years

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectency</u>
Amputee Wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	E1190	\$1,155.00	X8071	\$ 88.85	5 years
Amputee Wheelchair, fixed full length arms, swing-away detachable footrests	E1200	890.00	X8415	68.46	5 years
Motorized Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	E1213	4,015.00	X8265	308.85	5 years
Motorized Wheelchair, detachable arms (desk or full length), swing-away elevating legrests	E1211	4,149.00	X8267	319.15	5 years
Motorized Wheelchair, detachable adjustable height arms, swing-away detachable footrests with heel loops	X9266	6,700.00	X8266	515.38	5 years
Motorized Wheelchair, detachable adjustable height arms, swing-away detachable elevating legrests	X9268	6,900.00	X8268	530.76	5 years
Wheelchair, specially sized or constructed (Indicate brand name, model number, and justification)	E1220	I/C	X8299	I/C	I/C
Wheelchair, Repairs (parts and labor) or Non- or routine service, requiring the skill of a technician	E1350	I/C	NC	NC	AN
Wheelchair, not otherwise classified (specify manufacturer, model and justification) (requires preauth)	X9280	I/C	X8280	I/C	AN
Power-Operated Vehicle, 3 or 4 wheel, non-highway (Indicate brand name and model number)	E1230	1,899.00	X8074	146.00	5 years

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Power-Operated Vehicle, 3 or 4 wheel, non highway, other (specify on preauth)	X9291	\$ I/C	X8291	\$ I/C	
Pediatric Transporter (stroller, buggy etc.) (Indicate brand name and model number)	X9289	420.00	X8289	32.30	2 years
<u>Wheelchair Accessories</u>					
Amputee Adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)	E0959	52.00	NC	NC	AN
Anti-Tipping Device (pair)	E0971	52.00	NC	NC	AN
Adjustable Height Detachable Arms, desk or full length (pair)	E0973	275.00	NC	NC	AN
Attachment to convert any wheelchair to one-arm drive (specify)	E0958	I/C	NC	NC	
Replacement Batteries for medically necessary electric wheelchair owned by patient (specify)	E1005	I/C	NC	NC	AN
Battery, each (specify)	E1068	I/C	NC	NC	AN
Deep Cycle Battery (specify)	E1069	I/C	NC	NC	AN
Belt, Safety, with airplane buckle	E0978	42.00	NC	NC	AN
Belt, Safety, with Velcro closure	E0979	30.00	NC	NC	AN
Toggle Brakes	X9264	21.00	NC	NC	AN
Brake Extensions (pair)	E0961	31.00	NC	NC	AN
Cushion, Gel	X9240	195.00	NC	NC	AN
Cushion, Foam	X9258	47.00	NC	NC	AN
Cushion, Jay/Roho type (or equivalent)	X9259	340.00	NC	NC	AN
Footrests, extra large (pair)	X9221	68.00	NC	NC	AN
No. 2 Foot plates, except for elevating legrests (pair)	E0970	58.00	NC	NC	AN
"Grade-Aid" (device to prevent rolling back on an incline)	E0974	103.00	NC	NC	
Hand Rims with 8 vertical rubber-tipped projections, pair	E0967	420.00	NC	NC	

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Hook-on Head Rest Extension	E0966	\$158.00	NC	\$ NC	AN
Loop, Heel, each	E0951	10.00	NC	NC	AN
Loop, Toe, each	E0952	13.50	NC	NC	AN
Narrowing Device	E0969	94.00	NC	NC	AN
Solid Back Insert	X9262	110.00	NC	NC	AN
Sold Seat Insert	E0992	108.00	NC	NC	AN
Pneumatic Tire, each	E0953	26.00	NC	NC	AN
Pneumatic Tire with wheel, each	E0999	31.00	NC	NC	AN
Power Attachment (to convert any wheelchair to motorized wheelchair) (specify)	E1065	I/C	NC	NC	AN
Tire, Pneumatic, Caster, each	E1000	8.50	NC	NC	6months
Semi-Pneumatic, Caster, each	E0954	27.30	NC	NC	6 months
Tray	E0950	168.00	NC	NC	5 years
Legrest, elevating	E0990	317.00	NC	NC	5 years
Unlisted Wheelchair Accessories (specify)	X9269	I/C	NC	NC	I/C
<u>Wheelchair Modifications</u>					
Reinforced Seat Upholstery	E0975	38.50	NC	NC	1 year
Reinforced Back Upholstery	E0976	42.00	NC	NC	1 year
Semi-Reclining Back	X9271	286.00	NC	NC	1 year
Full Reclining Back	X9272	338.00	NC	NC	1 year
Special Back Height	X9274	187.00	NC	NC	1 year
Special Seat Height from floor	E1296	312.00	NC	NC	1 year
Special Seat Depth, by upholstery	E1297	104.00	NC	NC	1 year
Special Seat Depth and/or Width, by construction (specify)	E1298	I/C	NC	NC	
Special Seat Width, by upholstery for customized wheelchair	X9275	104.00	NC	NC	1 year
Unlisted Wheelchair Modifications (specify)	X9279	I/C	NC	NC	

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
<u>Pediatric Adaptive/Positioning Accessories</u> (For transporters or wheelchairs only)					
Abductor, stationary	X9160	\$ 174.00	NC	NC	1 year
Abductor, removable with adjustable hardware	X9161	284.00	NC	NC	1 year
Cushions, small	X9162	20.00	NC	NC	1 year
Cushions, medium	X9163	30.00	NC	NC	1 year
Cushions, large	X9164	40.00	NC	NC	1 year
Foot Rest Blocks, added to footrest	X9165	40.00	NC	NC	1 year
Foot Rest Blocks, padded	X9166	50.00	NC	NC	1 year
Foot Rest addition	X9167	135.00	NC	NC	1 year
Foot Straps	X9168	25.00	NC	NC	1 year
Headrest, fixed	X9169	70.00	NC	NC	
Headrest, removable, with hardware	X9170	130.00	NC	NC	1 year
Insert, back and seat, hinged	X9171	135.00	NC	NC	1 year
Insert, hinged, with leg extensions	X9172	195.00	NC	NC	1 year
Lateral Supports, small	X9173	134.00	NC	NC	AN
Lateral Supports, medium	X9174	139.00	NC	NC	AN
Lateral Supports, large	X9175	144.00	NC	NC	AN
Pelvic Straps	X9176	60.00	NC	NC	AN
Pouch/Bag, carry-all	X9177	38.00	NC	NC	AN
Rolls/Bolsters, small	X9178	17.00	NC	NC	AN
Rolls/Bolsters, medium	X9179	29.00	NC	NC	AN
Rolls/Bolsters, large	X9180	40.00	NC	NC	AN
Tray	X9181	160.00	NC	NC	AN
Tray, with hardware	X9182	185.00	NC	NC	AN
Vest Support, small	X9183	40.00	NC	NC	AN
Vest Support, medium	X9184	46.00	NC	NC	AN
Vest Support, large	X9185	52.00	NC	NC	AN
Wedge Support, small	X9186	25.00	NC	NC	AN
Wedge Support, medium	X9187	40.00	NC	NC	AN
Wedge Support, large	X9188	60.00	NC	NC	AN
Seating System		I/C	NC	NC	AN
Unlisted Pediatric Adaptive/ Positioning Accessories (specify)	X9189	I/C	NC	NC	

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
<u>Miscellaneous Equipment</u>					
Bed Pan, standard, metal or plastic	E0275	\$ 3.25	NC	\$ NC	2 years
Bed Pan, fracture, metal or plastic	E0276	3.25	NC	NC	2 years
Collar, rigid, cervical	X9340	18.00	NC	NC	6 months
Collar, rigid, Philadelphia	X9341	36.50	NC	NC	6 months
Drug Delivery System, spacer, bag or resevoir with or without mask, for metered dose inhaler	A4627	36.75	NC	NC	6 months
Incontinence pants, reuseable, pair	X9650	10.40 each	NC	NC	
Incontinence pads, for reuseable pants, regular absorbency	X1793	11.70	NC	NC	
Incontinence pads, extra absorbent pack of 12	X1794	8.91	NC	NC	pack of 20
Incontinence pads, extra absorbent pack of 20 or 25	X1795	13.74	NC	NC	
Patient Lift, hydraulic, with seat or sling	E0630	718.00	X8124	55.23	5 years
Sling or Seat, patient lift canvas or nylon	E0621	74.00	NC	NC	1 year
Pressure Pad, Alternating, with pump	E0180	177.00	X8140	13.61	3 years
Pad Only	X9141	23.00	NC	NC	3 years
Splint, cock-up wrist	X9339	13.00	NC	NC	6 months
Splint, positioning, hand	X9338	65.00	NC	NC	6 months
Splint, positioning, foot	X9342	65.00	NC	NC	6 months
Trapeze Bar (a/k/a Patient Helper), attached to bed, with grab bar	E0910	129.00	X8121	9.93	2 years
Trapeze Bar, free standing, complete with grab bar	E0940	279.00	X8400	21.46	5 years
Truss Support, inguinal	X9321	46.00	NC	NC	1 year
Vaporizer, room	E0605	15.00	NC	NC	2 years

(NOTE: Osteogenesis Stimulator, Burn Garments, and Individually Form-Fitted Support Stockings are listed under Disposable Medical Supplies)

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Durable Medical Equipment, not otherwise classified (specify)	E1399	\$ I/C	X8999	\$ I/C	I/C

Repairs to Durable Medical Equipment

Repairs to purchased items of durable medical equipment in custody of a recipient on which repairs are made at the Program's expense (specify) (under \$500.)	X6999	I/C	NC	NC	
Repairs to purchased items of durable medical equipment in custody of a recipient on which repairs are made at the Program's expense (specify) (over \$500.)	X6998	I/C	NC	NC	

**PEDIATRIC MEDICAL EQUIPMENT AND SUPPLIES
(UNDER AGE 21)**

Durable Medical Equipment and Accessories-Purchase

See separate list for Equipment Rentals

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>
Activity Chair, adaptive		
low-back	X9544	\$ 419.00
High-back	X9545	494.00
Augmentative Communication Equipment	X9559	I/C
Augumentative Communication Accessories (provided after initial purchase)	X9558	I/C
Bath Chair - adjustable, adaptive		
small	X9534	294.00
medium	X9503	319.00
large	X9504	344.00
extra large	X9542	357.00
Bath Seat - tilting, adaptive		
medium	X9523	289.00
adolescent	X9524	325.50
adolescent, large	X9525	335.00
Extension Legs or Head Pad/Support, each	X9526	103.00
crib	X9133	2,888.00
mattress	X9134	62.50
bumper pads	X9135	112.50
top cover	X9136	344.00
youth bed	X9130	3,738.00
mattress	X9132	269.00
Blood Pressure Equipment		
economy kit	X9527	25.00
cuff with bladder	X9528	15.00

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
Bolster Chair-adaptive, including adjustable/swing-away armrests		
small	X9561	\$ 425.00
medium	X9562	432.00
Adolescent/large	X9563	438.00
complete including 3 bolsters, 2 pr. sandals	X9564	619.00
Chair - Multi-Purpose, adaptive	X9505	65.00
Commode Chair/Potty Chair, adaptive		
small	X9142	332.00
large	X9143	369.00
adolescent	X9144	432.00
Commode Chair/Rolling Shower Chair, adaptive		
with large rear wheels	X9565	999.00
with swivel rear casters	X9566	940.00
Corner Chair - adjustable, adaptive	X9567	413.00
Feeder Seat, adaptive		
small	X9530	128.00
medium	X9531	170.00
adolescent	X9532	247.00
Wedge to convert feeder seat to floor sitter	X9533	
Floor Sitter, adaptive		
small	X9508	98.00
medium	X9509	110.00
large	X9510	125.00
with adjustable angle	X9568	150.00
Footwear, Orthopedic/Corrective		
Open toe shoes, straight or reverse last, pair	X9570	
small	X9571	55.95
large	X9572	58.95
Dennis Brown Bar	X9573	20.95

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>
Fillauer Bar	X9574	\$ 44.95
Depth Inlay Shoe (aka extra depth), pair	X9575	110.00
Orthotic Inserts, custom-molded (flexible semi-rigid, rigid), pair	X9576	150.00
Custom molded shoes, pair	X9579	350.00
Lift on shoe, each,		
each 1/4 inch	X9577	10.00
each 1 inch	X9578	45.00
Freedom Stander-adjustable, adaptive		
small	X9580	357.00
large	X9581	557.00
Gait Trainer-adjustable, adaptive		
small	X9582	688.00
medium	X9583	782.00
adolescent	X9584	875.00
large adolescent/intermediate	X9585	969.00
Head Support-Hensinger type		
unmounted, extra small	X9586	80.00
small	X9511	90.00
medium	X9512	100.00
large	X9587	110.00
mounted, extra small	X9588	105.00
small	X9513	115.00
medium	X9514	125.00
large	X9590	135.00
Heat Therapy		
control module	X9591	765.00
disposable pad with click connector	X9592	15.00
reusable pad	X9593	155.00
Heel or Elbow Protector, each	E0191	8.65
Helmet-protective		
soft shell	X9540	65.00
hard shell	X9541	90.00
with face bar	X9623	128.00
with face guard	X9624	175.00
super small/super large	X9625	190.00

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>
chin guard	X9626	\$ 36.00
face guard replacement (with hardware)	X9627	100.50
chin strap replacement	X9628	6.50
face bar replacement	X9630	65.50
Mobile Stander-adaptive, with body support system,		
small	X9594	994.00
medium	X9595	1,119.00
adolescent	X9596	1,744.00
adolescent, large	X9597	2,063.00
Orthoses - Custom		
Ankle-foot, solid/rigid, each foot	X2001	450.00
each foot		
articulated	X2002	675.00
floor reaction	X2003	660.00
Knee-Ankle-Foot, each leg	X2004	1,450.00
Peak Flowmeter	X9634	24.50
Pressure Pad - bedpad or mattress, reusable		
standard	X9501	20.00
heavy duty	X9502	32.00
Prone Board/Adaptive Stander, adjustable		
small	X9516	619.00
medium	X9635	669.00
adolescent	X9636	1,081.00
adolescent, large	X9637	1,194.00
Ratemeter - Digital readout of heart and respiratory rates	X9517	1,087.00
Scales		
Baby-Portable home care 20 kg. x 50 grams or 36 lbs. x 1/4 lbs.	X9518	65.00
Balance beam, 16 kg. x 10 grams or 36 lbs. x 1/8 oz.	X9519	270.00
Mechanical, 15 kg. x 5 grams or 31 lbs. x 1/4 oz.	X9520	224.00

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
Balance beam, 130 lbs. x 1 oz. or 65 kg. x 20 grams with tray only	X9638	\$ 296.00
with seat only	X9640	354.00
Beam, dual reading 40 lbs. x ½ oz. and 17.5 kg. x .01 kg.	X9641	310.00
Diaper, bowl type (aka 'Pee Wee')	X9543	197.50
Shower Chair - adjustable, adaptive		
small	X9642	413.00
medium	X9643	438.00
adolescent	X9644	463.00
adolescent/large	X9645	475.00
Side-Lying Board-adjustable		
small	X9535	232.00
trunk support block	X9536	46.90
medium	X9537	257.00
trunk support block	X9538	55.65
adolescent	X9646	344.00
trunk support block	X9647	71.90
Standing Frame - adjustable	X9648	707.00
Stethoscope	X9084	15.00
Supine Board-adjustable		
child	X9671	1,232.00
adolescent	X9672	1,375.00
Thermometer-standard		
rectal or oral	X9673	2.50
digital	X9674	6.95
ear (instant)	X9675	80.00
Toddler Chair, adaptive		
small	X9676	129.00
medium	X9677	140.00
large	X9678	152.00

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>
Toddler Chair, adaptive with adjustable back		
small	X9680	\$ 142.00
medium	X9681	153.00
large	X9682	164.00
Transfer Bench, padded	X9683	169.00
with commode seat, padded	X9684	206.00
Urinometer	X9522	8.00
<u>Vest/Trunk Support</u> (Whitworth type)		
Extra support, naugahyde		
small/medium	X9546	91.00
large	X9547	98.00
Lightweight, nylon cotton weave		
small/medium	X9548	84.00
large	X9549	89.00
Walkers		
Standard	X9237	83.00
folding	X9690	100.00
with wheels	X9238	140.00
adustable, with wheels and seat	X9222	275.00
wheeled, with seat	X9691	100.00
wheeled, with brakes	X9692	110.00
wheeled, with seat and brakes	X9693	150.00
large/extra wide/heavy duty	X9694	225.00
walker, posture control with wheels	X9220	211.00
Walker Accessories		
leg extensions (set of 4)	E0158	36.00
wheeled footpiece, pair	X9695	33.00
wheeled footpiece, swivel, pair	X9696	44.00
platform attachment, pediatric only	X9697	106.00
seat	X9698	50.00
Walker, unlisted (specify)	X9689	I/C

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
Wedge, adaptive (by elevation)		
small base		
4 inch	X9550	\$ 91.50
6 inch	X9551	102.00
8 inch	X9552	113.40
10 inch	X9553	123.75
large base		
6 inch	X9554	143.50
8 inch	X9555	155.00
10 inch	X9556	169.50
12 inch	X9557	189.00
Wedge, abductor	X9560	46.80

Rentals

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Rental Price</u>
Beds		
Crib	X8133	\$ 22.00
Mattress	NC	NC
Bumper Pads	X8135	10.00
Top Cover	X8136	26.50
Youth Bed	X8130	287.50
Mattress	X8132	21.00
Breast Pump, electric with accessories	X8125	I/C
Feeder Seat, adaptive adolescent	X8532	19.00
Heat Therapy Control Module	X8591	59.00
Reusable Pad	X8593	12.00

NOTE: Suction Equipment, Catheters, and Accessories are listed as Durable Medical Equipment in the basic Approved List of Items.

Supplies

<u>Item Description</u>	<u>Procedure Code</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units</u>
Pressure Pad, water-filled Tubing	X1770 X1771	\$168.25 93.55	box of 10 box of 2	1
Sodium Chloride 0.9% Solution				
500 ml. bottle	X1805	6.70	each	12
1000 ml. bottle	X1806	7.87	each	12
Solution normal saline or 0.9% sodium chlorid, 100 doses				
3 ml.	X9712	25.00	each	1
5 ml.	X9713	32.50	each	1
Suction Catheter and Glove Set	X1774	2.10	each	100
Urine Reagent Test Strips, for up to 10 conditions ('Multistix' type)	X1807	84.38	pack of 100	4

Respiratory Medical Equipment and Accessories

* Note: These codes can also be used to bill for adults

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
BiPap Ventilator Support System					
With Mask	NC	NC	X8718	\$461.00	
With Headgear	NC	NC	X8719	468.00	
BiPap Ventilator Accessories					
Mask, replacement	X9718	\$ 51.35	NC	NC	
Headgear, replacement	X9719	35.35	NC	NC	

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectency</u>
Cannula, Nasal	A4615	\$ 1.45	NC	NC	
Cannula, tubing, 7 feet	X9702	1.60	NC	NC	
Humidification Heater System (Cascade type)	X9720	780.00	X8720	\$60.00	
Humidification Kit, (aka Trach Vent or Heat/Mois- ture exchange)	X9703	4.75	NC	NC	
Humidification Filter, each	X9704	2.30	NC	NC	
Manometer	X9721	\$ 42.00	NC	NC	
Oxygen Analyzer	X9708	240.00	X8708	\$ 18.50	
Pulse Oximeter With Recorder	NC	NC	X8909	500.00 16.00 daily rate	
Multi-use probe (aka Sensor, Transducer)	NC	NC	X8728	13.00	

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Monthly Rental Charge</u>	<u>Life Expectency</u>
Respirator Support System - Ventilator with accessory power source and Humidity system, appropriate circuits (including tubing, connectors, adaptors, thermal indicator) and secondary low pressure alarm	NC	NC	X8094	520.00	
Respirometer	NC	NC	X8096	35.00	
Resusciator, manual	NC	NC	X8711	13.50	

Supplies - Model Waiver Recipients

<u>Item Description</u>	<u>Procedure Code</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units</u>
Alcohol Wipes/Prep Pads	A4245	\$ 2.48	box of 200	24
Bandages-2ply, 131" x 3" width				
non-sterile	X1711	10.88	pack of 12	24
sterile	X1712	16.73	pack of 12	24
Bentadine or Iodine Swabs/Wipes	A4246	4.27	pint	24
Bentadine or Iodine Swabs/Wipes	A4247	6.00	box of 25	24
Cotton-Tipped Wooden Applicators, Sterile	X1748	7.13	box of 100	24
Disinfectant-"Control III"				
8 ounces	X1725	10.00	each	24
16 ounces	X1726	15.00	each	24
gallon	X1727	31.00	each	24
Dressing, Change Kit for central venous catheter with transparent dressing	X1728	4.63	each	90
	X1729	6.44	each	90
Dressing, Control Gel Formula-Sterile ('DuoDerm' type)				
4" x 4"	X1713	7.65	each	60
6" x 6"	X1714	14.63	each	60
Extra thin 4" x 4"	X1715	5.30	each	60
Dressing, Fleible, 'Hydro-active' sterile ('DuoDerm' type)				
4" x 4"	X1716	7.65	each	60
8" x 8"	X1717	24.50	each	60
Dressing, Surgical 3" x 8", 3 strips per envelope	X1718	97.43	each	15
3" x 6", 1 strip per envelope	X1720	84.75	each	
Dressing, transparent				
2" x 3" (approx. size)	X1722	.92	each	100
4" x 5" (approx. size)	X1723	2.93	each	100
5" x 7"	X1724	5.80	each	100

<u>Item Description</u>	<u>Procedure Code</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units</u>
6" x 8"	X1721	\$ 7.46	each	100
Foam Pads, Self-adhering				
7/16" x 7 7/8" x 11 3/4"	X1730	40.50	pack of 10	3
1" x 7 7/8" x 11 3/4"	X1731	29.00	pack of 5	3
Germicide - "Solution II"				
8 ounces	X1735	7.64	each	24
16 ounces	X1736	11.29	each	24
Gloves, Non-sterile				
Copolymer, all sizes	X1740	12.00	box of 100	10
Latex, all sizes	X1741	16.00	box of 100	10
Vinyl, all sizes	X1742	10.43	box of 100	10
Gloves, Sterile				
Vinyl, all sizes	X1743	32.63	box of 100	10
Latex, all sizes	X1744	43.50	box of 100	10
Lemon Glycerin Swabs	X1737	6.00	box of 25	24
Lubricating Jelly 4.25-ounce	X1738	2.15	each	12
Pads, Gauze-Sterile, 12 ply				
2" x 2"	X1732	16.32	pack of 100	12
3" x 3"	X1733	19.49	pack of 100	12
4" x 4"	X1734	32.16	pack of 100	12
Skin Creams				
up to 2 ounces	X1762	7.94	each	12
up to 5 ounces	X1763	10.88	each	12
up to 9 ounces	X1764	13.49	each	12
Skin Paste				
2.5 ounce tube	X1765	10.79	each	12
6 ounce	X1766	17.55	each	12
Sponges-Drain and I.V., Sterile, fenestrated				
2" x 2", 6 ply	X1758	15.68	pack of 70	3
4" x 4", 6 ply	X1750	19.43	pack of 70	3

<u>Item Description</u>	<u>Procedure Code</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units</u>
Sponges-Dressing, Sterile				
4" x 3"	X1756	\$ 5.93	pack of 50	3
4" x 4"	X1757	6.89	pack of 50	3
Sponges-Dressing, Sterile, 2's, 4" x 4" 6 ply	X1751	3.43	pack of 50	3
Sponges-Gauze covered, non-sterile				
3" x 3"	X1753	6.14	pack of 100	3
4" x 4"	X1754	10.94	pack of 100	3
Sponges-Gauze, Sterile, 2's				
2" x 2" 8-ply	X1759	5.54	pack of 100	12
3" x 3" 12-ply	X1760	6.89	pack of 80	12
4" x 4" 12-ply	X1761	6.41	pack of 50	12
4" x 4" 8 ply	X1752	9.74	pack of 100	3
Sponges-Soft net facing, non-sterile 4" x 4"	X1755	9.89	box of 100	
Sterile Water				
250-500 ml. bottle	X1745	6.42	each	12
1000 ml. bottle	X1746	7.49	each	12
1500 ml. bottle	X1747	10.27	each	12
Tape-Paper				
1/2" width x 10 yards	X1783	.50	each	12
1" width x 10 yards	X1784	1.00	each	12
2" width x 10 yards	X1785	2.00	each	12
Tape-Plastic, clear, perforated				
1/2" width x 10 yards	X1780	1.11	each	12
2" width x 10 yards	X1781	2.21	each	12
3" width x 10 yards	X1788	4.42	each	12
Tape-Multi-Purpose, silk				
1" width x 10 yards	X1786	1.66	each	12
2" width x 10 yards	X1787	3.31	each	12
3" width x 10 yards	X1788	4.97	each	12

<u>Item Description</u>	<u>Procedure Code</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units</u>
Tape-Elastic				
1" x 10 yards	X1777	\$ 1.75	each	12
2" x 10 yards	X1778	3.49	each	12
Tooth Cleaning Applicators, disposable	X1710	4.58	pack of 20	24
Wrap-Elastic, non-adhesive, self- adherent, 5 yards				
1 inch	X1790	1.77	each	12
2 inches	X1791	3.14	each	12
3 inch	X1792	3.98	each	12

USED MEDICAL EQUIPMENT

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
<u>Beds, Hospital</u>		
Hospital Bed, fixed height, without mattress, without side rails	X7100	\$376.50
Hospital Bed, fixed height, with mattress without side rails	X7101	432.75
Hospital Bed, fixed height, with side rails, with mattress	X7102	561.00
Hospital Bed, fixed height, with side rails without mattress	X7103	504.75
Hospital Bed, variable height, hi-lo without mattress, without side rails	X7104	600.00
Hospital Bed, variable height, hi-lo with mattress, without side rails	X7105	705.00
Hospital Bed, variable height, hi-lo with side rails, with mattress	X7106	942.75
Hospital Bed, variable height, hi-lo, with side rails, without mattress	X7107	837.75
Hospital Bed, semi-electric (head and foot adjustments), without mattress, without side rails	X7108	1,056.75
Hospital Bed, semi-electric (head and foot adjustments), with mattress, without side rails	X7109	1,161.75
Hospital Bed, semi-electric (head and foot adjustments), with mattress, with side rails	X7110	1,274.25
Hospital Bed, semi-electric (head and foot adjustments), with side rails, without mattress	X7111	1,169.25
Hospital Bed, total electric (head, foot and height adjustments), without mattress, without side rails	X7112	1,372.50
Hospital Bed, total electric (head, foot and height adjustments), with mattress, without side rails	X7113	1,477.50
Hospital Bed, total electric (head, foot and height adjustments), with mattress, with side rails	X7114	1,642.50
Hospital Bed, total electric (head, foot and height adjustments), without mattress, with side rails	X7115	1,537.50
Unlisted Hospital Beds	X7116	1/C

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
<u>Commodes</u>		
Commode Chair, stationary, with fixed arms	X7117	\$ 63.75
Commode Chair, stationary, with detachable arms	X7118	125.25
Commode Chair, adjustable, with fixed arms	X7119	67.50
Commode Chair, adjustable, with detachable arms	X7120	127.50
Commode Chair, adjustable with attachment for pail or pan	X7121	123.00
Commode Chair, mobile, with fixed arms	X7122	110.25
Commode Chair, mobile, with detachable arms	X7123	168.75
Commode Chair, drop arms	X7124	125.25
Commode Chair, drop arms, with soft seat, and pail or pan	X7125	150.00
Commode Chair, large/extra wide/heavy duty	X7126	140.25
Unlisted Commode Chair	X7276	I/C
<u>Enteral and Parenteral Nutrition Equipment</u>		
Enteral Nutrition Infusion Pump, without alarm	X7127	526.50
Enteral Nutrition Infusion Pump, with alarm	X7128	562.50
Enteral Nutrition Infusion Pump, pediatric	X7130	787.50
Parenteral Nutrition Infusion Pump, portable	X7131	1,314.00
Unlisted Nutrition Equipment (specify)	X7129	I/C
<u>Intravenous Medication Equipment</u>		
IV Pole	X7132	78.75
Ambulatory Infusion Pump with administrative equipment, worn by patient (preauth required)	X7133	2,842.50
<u>Suction Equipment and Accessories</u>		
Suction Machine Stationary	X7134	175.50
Suction Machine AC/DC (electric/battery)	X7135	780.00
Suction Pump, home model, portable	X7136	450.00
Suction Machine, thermal drainage, intermittent	X7137	1,125.00
Transformer/Rectifier for portable suction machine, home model	X7138	116.25
Unlisted Suction Equipment/Accessories (specify)	X7139	I/C

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
<u>Traction Equipment</u>		
Traction Frame, attached to headboard, simple cervical traction	X7274	\$ 22.50
Traction, complete, Buck	X7140	46.88
Traction, plevic, complete	X7144	67.50
Traction Stand, Buck	X7145	30.00
Traction Stand for hospital bed	X7146	32.25
Unlisted traction equipment (specify)	X7149	I/C
<u>Walkers</u>		
Walker, rigid (pick up), adjustable or fixed height	X7147	46.88
Walker, folding (pick up), adjustable or fixed height	X7148	67.50
Walker, wheeled, without seat	X7150	77.25
Walker, standard, without wheels, with wrist platform	X7151	114.00
Walker, platform attachment for	X7152	63.00
Walker, adjustable height, with wheels	X7153	99.00
Walker, adjustable height and width, with wheels	X7154	138.75
Walker, folding, pediatric	X7155	75.00
Walker, wheeled, with seat	X7156	75.00
Walker, wheeled with brakes	X7157	82.50
Walker, wheeled with seat and brakes	X7158	112.50
Walker, large/extra wide/heavy duty	X7160	168.75
Walker, pediatric, standard	X7161	62.25
Walker, pediatric, with wheels	X7162	105.00
Walker, pediatric, posture control with wheels	X7163	158.25
Walker, pediatric, adjustable height and width with wheels	X7164	206.25
Walkane or hemi-walker	X7165	
Unlisted walker (specify)	X7159	
<u>Wheelchairs</u>		
Standard Wheelchair, fixed full length arms, fixed or swing-away detachable footrests	X7166	

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
Standard Wheelchair, detachable arms (desk or full length) swing-away detachable footrests	X7167	\$546.75
Standard Wheelchair, fixed full length arms, elevating legrests	X7168	533.25
Standard Wheelchair, detachable arms (desk or full length), elevating legrests	X7170	614.25
Fully-Reclining Wheelchair - detachable arms (desk or full-length) swing-away detachable elevating legrests	X7171	1,156.50
Full-Reclining Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	X7172	1,048.50
Lightweight Wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	X7173	820.50
Lightweight Wheelchair, fixed full length arms, swing away detachable footrests	X7174	636.75
Lightweight Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	X7175	712.50
Lightweight Wheelchair, fixed full length arms, swing-away detachable elevating legrests	X7176	737.25
High Strength Lightweight Wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	X7177	978.00
High Strength Lightweight Wheelchair, detachable arms (desk or full length), swing-away detachable footrest	X7178	862.50
Wide Heavy Duty Wheelchair, detachable arms (desk or full length), elevating legrests	X7180	885.00
Wide Heavy Duty Wheelchair, fixed full length arms, swing-away detachable footrest	X7181	686.25
Wide Heavy Duty Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	X7182	780.00
Wide Heavy Duty Wheelchair, fixed full length arms, elevating legs	X7183	791.25
Wheelchair child's with adjustable height, removable full or desk length arms, swing-away detachable footrests	X7184	599.25

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
Wheelchair, child's with adjustable height, removable full or desk length arms, swing-away detachable elevating legrests	X7185	\$599.25
Wheelchair, child's reclining, with adjustable height, removable full or desk length arms, swing-away detachable footrests	X7186	816.75
Wheelchair, child's reclining, with adjustable height, removable full or desk length arms, swing-away detachable elevating legrests	X7187	857.25
Hemi-Wheelchair, fixed full length arms, swing-away detachable elevating legrests	X7188	629.25
Hemi-Wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	X7190	761.65
Hemi-Wheelchair, fixed full length arms, swing-away detachable footrests	X7191	524.25
Hemi-Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	X7192	667.50
Amputee Wheelchair, fixed full length arms, swing-away detachable elevating legrests	X7193	772.50
Amputee Wheelchair, fixed full length arms, without footrests or legrests	X7194	551.25
Amputee Wheelchair, detachable arms (desk or full length), without footrests or legrests	X7195	663.00
Amputee Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	X7196	761.25
Amputee Wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	X7197	866.25
Amputee Wheelchair, fixed full length arms, swing-away detachable footrests	X7198	667.50
Motorized Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	X7200	3,011.25
Motorized Wheelchair, detachable arms (desk or full length), swing-away elevating legrests	X7201	3,111.75
Motorized Wheelchair, detachable adjustable height arms, swing-away detachable footrests with heel loops	X7202	5,025.00
Motorized Wheelchair, detachable adjustable height arms, swing-away, detachable elevating legrests	X7203	5,175.00

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
Power-Operated Vehicle, 3 or 4 wheel, non-highway (indicate brand name and model number)	X7204	\$1,424.25
Power-Operated Vehicle, 3 or 4 wheel, non-highway, other (specify on preauth)	X7179	I/C
Pediatric Transporter (stroller, buggy, etc.) (Indicate brand name and model number)	X7205	315.00
Pediatric Transporter, etc., other (specify on preauth)	X7189	I/C
Miscellaneous		
Patient Lift, hydraulic, with seat or sling	X7205	538.50
Sling or Seat, patient lift canvas or nylon	X7206	55.50
Trapeze Bar (a/k/a Patient Helper), attached to bed, with grab bar	X7207	129.00
Trapeze Bar, free stading, complete with grab bar	X7208	209.25
Durable Medical Equipment, not otherwise classified (specify)	X7199	I/C

USED MEDICAL EQUIPMENT - PEDIATRIC

(UNDER AGE 21)

Durable Medical Equipment

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
Activity Chair, adaptive low-back	X7230	\$314.25
Activity Chair, adaptive high-back	X7231	370.50
Beds		
crib	X7232	2,166.00
youth bed	X7233	2,803.50
Bolster Chair-adaptive, including adjustable/swing-away armrests:		
small	X7234	318.75
medium	X7235	324.00
Adolescent/large	X7236	328.00
complete including 3 bolsters, 2 pr sandals	X7237	464.25
Commode Chair/Potty Chair, adaptive		
small	X7238	249.00
large	X7239	276.75
adolescent	X7240	324.00
Commode Chair/Rolling Shower Chair, adaptive		
with large rear wheels	X7241	749.25
with swivel rear casters	X7242	705.00
Corner Chair - adjustable, adaptive	X7243	309.75
Freedom Stander-adjustable, adaptive		
small	X7244	267.75
large	X7275	417.75

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
Gait Trainer-adjustable, adaptive		
small	X7245	\$516.00
medium	X7246	586.50
adolescent	X7247	656.25
large adolescent/intermediate	X7248	726.75
Mobile Stander-adaptive, with body support system,		
small	X7249	745.50
medium	X7250	839.25
adolescent	X7251	1,308.00
adolescent, large	X7252	1,547.25
Prone Board/Adaptive Stander, adjustable		
small	X7253	464.25
medium	X7254	501.75
adolescent	X7255	810.75
adolescent, large	X7256	895.50
Shower Chair - adjustable, adaptive		
small	X7257	309.75
medium	X7258	328.50
adolescent	X7259	347.25
adolescent/large	X7360	356.25
Standing Frame - adjustable	X7261	530.25
Supine Board - adjustable		
child	X7262	924.00
adolescent	X7263	1,031.25
Walkers		
Standard	X7264	62.25
folding	X7265	75.00
with wheels	X7266	105.00
adjustable, with wheels and seat	X7267	206.25
wheeled, with seat	X7268	75.00
wheeled, with brakes	X7270	82.50
wheeled, with seat and brakes	X7271	112.50
large/extra wide/heavy duty	X7272	168.75
walker, posture control with wheels	X7273	158.25
Walker, unlisted (specify)	X7269	I/C